

HIV/AIDS Prevention Education

K-12 Teaching Strategies for the Prevention of Unintended Pregnancy and HIV/AIDS/STD

Montana Office of Public Instruction
HIV/AIDS/STD Program
www.opi.mt.gov/HIVed



Linda McCulloch, Superintendent
Montana Office of Public Instruction
www.opi.mt.gov

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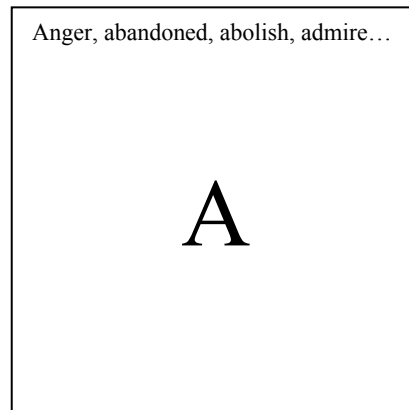
ABC's of HIV/AIDS

Materials: Newsprint, markers and alphabet letters

Divide students into groups of 3; give each group a marker and newsprint. One person from each group will draw an alphabet letter out of a box. The group then uses that alphabet letter as their source of one-word descriptions, statements, or beliefs on the subject of HIV/AIDS. The activity allows for very interactive brainstorming to occur. The descriptions are listed around the border of the newsprint with the alphabet letter artistically displayed in the center of the newsprint. Allow groups to work for 15-20 minutes and then bring the class back together to share their ideas about each different alphabet letter.

For example, if a group chose the letter “**A**” some of the words on the border might be:

Abandoned, abolish, abstinence, acceptance, admire, adults, afraid, age, aggressive, agony, AIDS, AIDS – it’s everywhere, alive, Almighty, alone, always, always remembering to take meds, amor, anger, answers, anxiety, anyone can get it, appetite, appreciate, aspiration, avoid, awful, AZT.



This activity allows for reflection to occur on what the disease of AIDS or HIV infection means to various people. This is a good activity to use at the culmination of an HIV/AIDS unit.

Abstinence Activity

Goals:

- ✓ To show that abstinence means different things to different people.
 - ✓ To help identify different risks associated with various sexual activities.
1. Think about the signs on the wall.
 2. Based on what is read, decide how “far” a person could “go” and still be considered abstinent.
 3. Go stand by the sign that best represents abstinence.
 4. Once you have gone to a particular sign, think about the risks that may be involved with that particular sexual behavior. Now, discuss the risks with those in your group and list them on the sheet of paper mounted on the wall by that behavior.
 5. Discuss the risks with the whole group.

Signs for the Wall:

Touching Breasts and Genitals, Clothes On
Mutual Masturbation
Vaginal Intercourse
No Sexual Contact
Snuggling with Clothes On
Oral Sex
Anal Sex
Touching Breasts and Genitals, Clothes Off
Snuggling with Clothes Off
Kissing and Holding Hands

Word of Caution: Make sure the sexual terms are understood before beginning this activity.

Affectionately Yours

PURPOSE

To enhance students ability to show love and affection in a variety of ways other than having sex.

TIME

45 minutes

MATERIALS/PREPARATION

Set up a continuum on the board or an accessible wall with “non-intimate” on one extreme and “very intimate” on the other.

EXAMPLE:

Non-intimate -----Very intimate

Blank sheets of 8 ½ x 11 paper, felt pens or crayons.

PROCEDURE

1. Ask students to brainstorm all the ways of showing love, affection and sexual feelings, e.g., holding hands, giving gifts, kissing, intercourse, etc. List on the board and number each item.

Note: allow students to include sexual expressions of love, the discussion will have more impact if they are not censored. Review ground rules and provide guidelines, e.g., no terms that would shock the principal.

2. Explain that these items can express different degrees of intimacy. You may define intimacy as acts that bring people closer with a greater understanding and respect for each other.
3. Choose one item, write it on a sheet of paper with a felt pen and place it on the intimacy continuum. Explain why you placed it where you did and acknowledge it is alright if they do not agree with your placement.
4. Divide the class into groups of 3 and assign 2-3 items to each group. Tell them to write each item on a paper in large letters with felt pen and decide where that item stands along the scale of non-intimate to very intimate. Allow 5 minutes.
5. Have each group post their items and have everyone observe how the items have been arranged. Allow 10 minutes.
6. Ask students to be seated. Lead a discussion with the following:
 - a. Did they disagree with the placement of any item?
 - b. What determines the degree of intimacy a particular action generates (trust, knowing each other, time together)
 - c. Can sexual expressions be non-intimate? What makes them intimate expressions of love?

Affectionately Yours - 2

SUMMARY

Suggest that although some people say they have sex just for fun, most people want sex to be a part of an intimate and loving relationship. Sex is only as intimate and as fulfilling as the relationship it is based on. People who take time to know each other, build trust and respect, choose to have sex based on their mutual values, are more likely to find sex brings intimacy and greater closeness. Having sex rarely makes a non-intimate, uncommitted relationship satisfying.

REINFORCEMENT

1. Have students write a paragraph about what kind of relationship they would like to be in when they first have sex.
2. **ELEMENTARY ADAPTATION:** Have students make a list of ways they can express love and affection for each member of their family.
3. **HOMEWORK IDEA:** Write the following sentence stems on the board and have each student complete them.
 - a. If I fell in love, I could show that person I really loved them by...
 - b. Something that would make me believe that a person really loved me would be if they...

Have students discuss their responses with a parent or other trusted adult.

AIDS Attitude: Reacting to Persons with AIDS

Topic

Reactions to people with AIDS.

Lesson Objective

Discuss and predict the social, legal, and economic effects on infected individuals.

Assessment Criteria

Analyze and discuss the personal and civil rights related to HIV disease.

Activities and Strategies

Review the case study and teacher resource, "Ground Rules for Discussion," before the class begins. In addition review the class ground rules.

Ground Rules for Discussion

1. We learn by asking questions. There are no dumb or wrong questions.
2. Each of us are allowed to express an opinion without interruption. Every point of view is worthy of being recognized.
3. We may question or disagree with an opinion but not in degrading, preachy, or embarrassing ways.
4. Each of us has the right to pass on a question or activity.
5. We will not ask personal questions of other students or of the teacher.
6. We will maintain the rule of confidentiality and not share who gave statements or opinions in class discussion. Discussion of the ideas with parents and other students is encouraged but not who made the statements.

Distribute the case study worksheet "Jenny and the Bus Driver" to each student.

Ask for a student volunteer to read the case study aloud to the class. Allow five to 10 minutes for students to write their responses to each question. Ask for volunteers to respond to each question. Encourage discussion.

For further discussion related to personal rights and civil liberties, the following questions may be included:

- What kind of experiences can you imagine occurring in a public place that would put you in a situation similar to Jenny's?
- What do you think causes people to respond in hostile or unfriendly ways to others?
- What does it mean to have civil rights?
- What does it mean to have personal rights?

Grade Level and Subject Area

Grades 7-8/Social Studies

Resources and Materials

Worksheet: "Jenny and the Bus Driver"

Journal of School Health – November 1993, Vol. 63, No. 9-404

Name _____ Date _____

Jenny and the Bus Driver

Jenny has AIDS. She has Kaposi's sarcoma, and some of the purplish blotches or lesions from the disease show on her face. She has just boarded a bus and paid her fare. The bus driver, recognizing the lesions as a sign of AIDS, says, "I'm not going to let you on this bus because you have AIDS. I have other passengers to protect. You will have to get off the bus." The other passengers get angry because they are trying to get somewhere, and the bus is just sitting there. Some of them yell at the bus driver, and some yell at Jenny.

1. If you were one of the passengers on the bus, what would you do?
2. What would have been the best thing for Jenny to do in this situation?
3. What should the bus driver have done in this situation?
4. Should people with HIV/AIDS be allowed to ride public buses? Why or why not?
5. If you were the director of transportation, what kind of policy do you think you might set for situations like this one?
6. What if Jenny were Justin (a man)? How would this situation be different? What assumptions would people make?

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AIDS Knowledge Game

Rules:

1. There are 15 true and false statements.
 2. Statement is read and players try to answer correctly before opponents. Players must raise hand and be called upon before answering. (Players may be on teams if number of players is large.)
 3. If player answers "False", the player must state why the statement is incorrect and provide correct information. If the statement is "True", players may go on to next question.
 4. Prizes or points may be awarded for each correct answer and the person or team members with the most prizes or points at the end wins.
-

- ____ 1. AIDS stands for Acquired Immunodeficiency System.
- ____ 2. HIV is the virus that causes AIDS.
- ____ 3. A person cannot become infected through ear piercing.
- ____ 4. Students in grades K-4 should be told about all the ways HIV is transmitted sexually.
- ____ 5. Sharing needles in steroid use cannot cause HIV infection.
- ____ 6. The AIDS virus is not transmitted through mosquito bites.
- ____ 7. A person can become infected with AIDS by sharing a drinking glass or bath towel.
- ____ 8. There isn't a medical test available that can show if a person has been infected with the HIV.
- ____ 9. If a woman infected with HIV becomes pregnant, her baby will be infected when it is born.
- ____ 10. HIV can be transmitted by saliva.
- ____ 11. Homosexuals are the only people who get AIDS.
- ____ 12. When people die who have AIDS – they die from the disease only.
- ____ 13. People get infected with HIV because of what they do, not because of who they are.
- ____ 14. Ninety percent of HIV infections in Africa are due to heterosexual transmission.
- ____ 15. This was a fun and useful game that I can incorporate into my classroom activities.

At Risk
(Reader's Theatre)

AIDS and how it relates to You

Who is at risk... who is at risk... who is at risk... who is at risk...

Test results for the HIV infection take fourteen days.

Fourteen days. (Everyone)

Day Fourteen.

Didn't go to class today. Went to the clinic instead. For my test. Didn't like the smell of the sterile walls. They made me nervous. I remind myself---I just got a simple test done. It's not that I have to worry---no one I know has AIDS and neither do I! It's just that I'm not sure about that one time... Now I will be sure.

We remember Cam. We remember...

(April's voice)

I think my friend Cam is homeless again. I guess the landlord threw them out of the apartment because they couldn't come up with the rent.

Day eleven. (Everyone)

Stayed up all night and watched old reruns and stupid movies. Around dawn my mother came down and yelled at me for staying up on a school night. I didn't say anything back. Didn't have the energy. I just went to bed. But didn't sleep.

When we were in grade school, Cam and I were inseparable! We did everything together. I remember our monster cookies. Everything in them—peanut butter, M & M's, raisins, birthday sprinkles, crumbled up Oreos, even Lucky Charms; we made them so huge that they wouldn't even bake and even the dog wouldn't eat the hot melted goo we scraped out of the pan..

Day ten. (Everyone)

I was really torqued off today; to put it mildly. A friend at work was going on and on about her boyfriend. How he does this, how he does that. How sweet he is, considerate...She just babbled on and on. I just wanted to scream at her that maybe, just maybe, her claims for true love were nothing but hot hormones...And that if she wasn't careful, she just might end up like...

I haven't seen Cam much this last year. She moved out of her house about seven months ago. She said she couldn't stand her Mom any more. I remember her Mom---a large loud woman with dyed black hair, who Cammy said even slept with a cigarette in her mouth.

Cam went to live with Brett. He was twenty-one, tall, wiry, wore a leather jacket and tattooed "CAM" on his arm with a pen. I don't know where they met, but I guess they'd been seeing each other for a while.

At Risk - 2

It took me a few months to get up the courage to go over to their apartment. I only visited once. They didn't seem to care if it was dirty and dark and smelled of stale beer. Cam even seemed proud of it.

Day eight. (Everyone)

Monday. Blue, blue Monday. Didn't go to school. Didn't go much anywhere. Went to the dam. Walked along the water. There was a blue jay screeching in a tree. Thought for sure he was screeching at me, scolding me, mocking me. Just me, me and only me. And a stupid, stupid blue jay on a stupid, stupid blue Monday.

It was another few months before I talked to Cam again. She called me in tears. She'd caught Brett sleeping with some ex-girlfriend, but that wasn't what upset her. She was crying because he'd apologized, and brought her a dozen red roses. He'd blown all the next months rent money. She didn't even care that he'd been sleeping around, it wasn't the first time. "He loves me," that's the way she put it.

And now I haven't heard from her in a long time. Their phone's disconnected. And I called where she used to work, but they said Cam quit a few weeks ago, and I asked at the Mini-Mart where she used to hang out, but the clerk only said---"Nope, haven't seen her."

So... yesterday... I visited her landlord, and he said that someone got sick. Really sick.

Day seven. (Everyone)

One week... one week! The stress is killing me. It seems like every time I pick up a newspaper, or turn on TV it's there. Staring down like an obscenity. Four letters, four big letters. A foul and filthy four letter world.

I was afraid to ask about Cam. Afraid to know. I just went away fast... Cam, please come home? I need my best friend....

Day six. (Everyone)

Stayed up watching television again. This time I just tuned to the Christian channel. Mom caught me again. This time she asked me if I was sick. I just started to cry. I just wanted her to be able to give me that purple grape medicine that always made my cough go away when I was little.

We remember Sunny. We remember...

(Sunny's voice)

I am a good kid from a good family and I live in a good place where nothing is supposed to happen. I am protected by my parents and sheltered by my morals. My name is Sundance Kelley. But I prefer Sunny. I'm eighteen.

I decided in the second grade that I was going to be a nurse like my mother. I was twelve when I realized I could make a difference, be more---a doctor! Starting in the seventh grade I specialized in math and sciences like the counselor suggested. I studied hard, got good grades, and participated in sports and other activities. But with this came a stigma---"the super student *AT RISK - 2*

At Risk - 3

stigma” “The All Around Good Kid” The perfect role model parents want their kids to be influenced by. That’s me.

Day five. (Everyone)

Missed school again today... all I did was try to sleep and forget my worries...Got neither accomplished. Fell asleep for five minutes and got through one dream. A wonderful mind terror. I dreamt the clinic lost my records and I had to be retested. Real nightmare, huh?

I was accepted into my parents’ alma mater. They were very proud, and made sure everyone knew. When I won a National Merit Scholarship, they put my picture in the local paper. The photographer didn't have to prompt my smile—I knew when to say “cheese”.

My life was a structured life... go through the steps... climb the staircase of success. I made this my valedictorian speech. I said—“We have climbed the first staircase of success.” I was full of confidence, my voice was steady and sure. My parents gave me a standing ovation.

Day four. (Everyone)

I can’t concentrate. Lost interest in Current Affairs. Took a test in English class. Split infinitives. Can’t think... Can’t think about them, or it, or about me. I have only one test to worry about now.

I went to my graduation party. Everyone stared at me, acted shocked---“Sundance Kelley... at a party!” I was mad, I had just as much right to be there as everybody else. I’m not stupid. I knew the punch was spiked. But I do remember Taylor was saying the nicest things... I was at the top of the stairs... And I lost my balance... and I fell.

Day three. (Everyone)

Got to school at noon today. I feel so..... dirty. Like every lingering glance, means everybody knows. And since they know, they also think they know what I DON’T know! They don’t. And I don’t. But soon I will. In colleges across America, one in every three hundred students has AIDS. This isn’t at college.

On an average, ten years may pass from the time of infection until the onset of full-blown AIDS. It crouches in the body for ten years like an angry panther.

Day two. (Everyone)

Tomorrow is the day. I think of nothing else.

It is appalling to note that in our high school a recent survey showed that 50% of the students are sexually active.

Day one. (Everyone)

I went to the clinic...

And...

And knowing it would happen...

Sooner...

Or later...

At Risk – 4

Knowing that life...

Often lingers...

Knowing that medical measures...

Can be taken...

But when AIDS becomes full blown, when it shuts down your body's immune system, when the panther pounces... it will rip your health to shreds. You can lose your ability to hear...

your ability to see...

your ability to speak...

Remember... your choices are **your** choices. And your choices are who you are.

Who is at risk....

Who is at risk...

who is at risk...

who is at risk....

BINGO

AIDS	Affection	Addiction	Antibodies	T-cells
AZT	Blood	Communication	Estrogen	Pregnancy
Egg	Sperm	Fertilization	HIV	Honesty
Life skills	Injecting drugs	Body piercing	Pathogen	Puberty
Prejudice	Peer pressure	Ovaries	Testosterone	Testes

Bingo

1. AIDS - a disease that destroys the immune system; Acquired Immune Deficiency Syndrome.
2. AZT - a drug that slows down the growth of HIV.
3. Affection - a fond or tender feeling that a person has toward another person.
4. Addiction - the need to take a drug or engage in a specific behavior.
5. Antibodies - proteins produced by T-cells to help destroy germs.
6. Blood - one of the four body fluids that can spread HIV.
7. Body piercing - using a needle or sharp instrument to puncture the skin.
8. Communication - sharing emotions, thoughts and information with another person.
9. Estrogen - a hormone that produces female characteristics.
10. Fertilization - the joining of a sperm and ovum.
11. HIV - a germ that destroys the immune system; Human Immunodeficiency Virus
12. Honesty - refusing to lie, steal or deceive anyone.
13. Injecting drugs - illegal drugs that are put into the body with needles.
14. Life skills - healthful actions students learn and practice for the rest of their lives.
15. Ovaries - female sex glands that produce ova and secrete hormones.
16. Ovum - a cell that is released by the female's ovaries.
17. Pathogen - a germ that causes disease.
18. Peer pressure - the influence that people of similar age apply to affect certain behaviors.
19. Pregnancy - the time when a baby develops in the womb, usually 9 months.
20. Prejudice - suspicion, intolerance, or hatred directed at an individual or a group of people.
21. Puberty - the age when both the male and female sexual characteristics begin to develop.
22. Sperm - a cell that is released from the male's testes.
23. T-cells - blood cells that search the blood for germs and produce antibodies.
24. Testosterone - a hormone that produces male characteristics.
25. Testes - male sex glands that produce sperm and secrete testosterone.

BINGO
Sexuality and HIV Prevention

AIDS
HIV
Immune system
Heterosexual
Homosexual
Asymptomatic
Symptomatic
T-Cell
Antibodies
Latex

Bloodborne pathogen
HBV
AZT
Abstinence
Kaposi's sarcoma
Window period
Incubation
Penis
Vagina
Ovary

Uterus
Semen
Vaginal secretions
Anus
Risk behavior
Western blot
ELISA
Transfusion
Intravenous
Universal precautions

BINGO

Sexuality and HIV Prevention

Directions: Have students write their choice of the words listed below the BINGO game in one of the boxes. There are more words than there are boxes. Each student chooses which words they want to omit from their BINGO game sheet. Do not write them in order, but assemble them so that they will appear in different order from your classmates. The teacher will read a definition and give you a corresponding number for the definition (i.e. #11 is the disease caused by HIV). Write the number for the definition in the box that matches the term (i.e. #11 would go with the box where AIDS is written, IF written.) Play either regular BINGO or blackout. To determine the winner have students read back their matched terms and the number given that term. It is a winner if it matches what the teacher read off as a definition. **Teacher scoresheet either needs to have numbers assigned to the terms ahead of time or as they go along.*

AIDS – a disease caused by HIV; Acquired Immune Deficiency Syndrome.

HIV- a virus that causes AIDS; Human Immunodeficiency Virus.

Immune system – a body's defense system, which produces antibodies to help eliminate pathogens.

Heterosexual – sexually attracted to persons of the opposite sex.

Homosexual – sexually attracted to persons of the same sex.

Asymptomatic – free of signs or characteristics of a disease.

Symptomatic – having signs or characteristics of a disease.

T-Cell – a white blood cell that targets and attacks only specific germs.

Antibodies – a protein produced by the immune system to disable or destroy germs/pathogens.

Latex – a non-porous rubber material used in the production of gloves, dental dams and condoms.

Bloodborne pathogen – a germ or pathogen found in the blood, which when transmitted may cause infection and disease.

HBV – hepatitis B virus; a bloodborne pathogen

AZT – the first drug approved for HIV treatment (1987). Interferes with virus replication.

Abstinence – to refrain from.

Kaposi's sarcoma – a purplish, lesion cancer that is usually associated with persons who have AIDS.

Window period – the time from HIV infection to the development of detectable antibodies, usually from 21 days to 6 months.

Incubation – the period between infection and the development of signs or characteristics of a disease.

Penis – the male sex organ.

Vagina – the canal that leads from the uterus to the external female genitals; a passageway for menstrual flow.

Ovary – the female sex gland that produces the egg.

Uterus – womb; where the fetus develops during pregnancy.

Semen – a whitish-fluid produced by the glands of the male reproductive system; contains sperm cells and white blood cells.

Vaginal secretions – fluids that are released into the vagina.

Anus – the posterior opening which leads to the rectum; where wastes are eliminated.

Risk Behavior – any action that increases the likelihood of disease, accidents or threatens health.

Western blot – a blood test used to confirm a positive ELISA in diagnosing HIV infection.

ELISA – a test that detects antibodies developed by the human immune system in response to the presence of HIV; enzyme-linked immunosorbent assay

Transfusion – a life-saving procedure to transfer blood into a person; a remote way HIV can be transmitted.

Intravenous – injecting performed directly into a vein.

Universal precautions – a general practice or behavior in which all blood and body fluids are handled as if infected.

Burning Love

Objective:

To lead participants to recognize that oil-based lubricants deteriorate condoms and make them far more likely to pop. Perform this activity with age-appropriate audiences. With teenagers, always emphasize that abstinence is the only guaranteed way to stay safe from STDs, but that this activity will depict condom use for those teenagers who are already sexually active.

Method:

This activity makes a strong visual and auditory point. It can be performed as a guessing game, or simply as a display. The activity takes 5 minutes to perform, and just two more to explain.

Activity Script:

"If you and your partner have decided to have sex tonight, condoms usually protect both of you from accidentally passing sexually transmitted diseases to one another. But do you know how to use a condom properly to make sure it works.

"I need a volunteer to help prepare a condom for proper use. Don't worry; no clothes will be removed in this activity." *(Pull out two unlubricated condoms or balloons. Inflate them to a good size, at least 6" in diameter. Then place a bottle of water-based lubricant such as K-Y Jelly and a bottle of baby oil on the table.)*

"Let's pretend that you're planning to lubricate these condoms to make for a more comfortable sexual experience for yourself or your partner. What should you use as a lubricant? Health professionals recommend that you use a water-and-glycerin based lubricant such as this one. But in a romantic rush, some people grab for whatever liquid they have nearby, from baby oil to Vaseline to hand lotion. Does it really matter which one you use?" *(Ask the volunteer to squeeze a generous amount of water-based lubricant on one balloon, and an equal amount of baby oil on the other balloon.)*

"Now, if it's not too personal a question, can you tell us how long you would want to make love tonight to your romantic partner?" *(The volunteer will almost definitely state a lengthy time interval. The activity can then be continued in one of two ways. Either have the volunteer gently rub the fluids in small circles on the two inflated condoms, or simply place the condoms to the side and let them sit. If rubbed, the oil-lubed condom will pop in just one or two minutes. If sitting, this condom will pop by itself in three-to-10 minutes, depending on the room temperature. The water-based-lubricant will not pop the other condom.)*

The Lessons:

"People often refer to sexy people or encounters as being 'hot.' That's very accurate, since sexual intercourse produces heat, through rising body temperatures, and friction. Lubricants can make sexual intercourse more comfortable, but can they protect the condom from wearing down with all of this heat and friction being applied to it?

"Petroleum products – that is, oil – dissolve latex condoms. Though you can't see this invisible chemical reaction, oils eat through condoms just like acid. The hotter or more frictional the sex, the faster this will happen. If it does, the condom will pop, and both partners can be exposed to sexual fluids, mucous, blood, etc. – and all the diseases they contain. That's why water-and-glycerin lubricants are safer.

The Effect:

This activity is designed to "risk sensitize" audiences to the very real risk of popped condoms during sex, and also to build "self-efficacy" in teaching them one of the four steps to proper condom use.

Stephen Fallon 2003
www.skills4.org
954-563-0333

Candy Refusal

- Write the three terms Risk Situation, Risk Behavior, and Healthy Behavior on the board. Have students decide on a definition for each term and then brainstorm examples of each. Make sure they can distinguish between a risk situation and a risk behavior. Also make sure they realize that they can be in a risk situation and not participate in a risk behavior.
- Divide the whole group into three equal groups. One will be the risk behavior group, one the risk situation group, and one the healthy behavior group.
- Take each group out in of the room separately and explain the following to them:
 - Risk Behavior Group** – You will be given two pieces of candy. When we go back into the room, you are to begin to eat one piece and say how good it is, etc. Your purpose is to get a person from the Risk Situation Group to eat a piece of your candy. Don't let them refuse and make sure to promise them another piece of candy.
 - Risk Situation Group** – You are going to be offered some candy. It is really good candy so feel free to eat it.
 - Healthy Behavior Group** – You are going to be offered a piece of candy. **DO NOT** take it under any circumstances. Say no, turn away, or leave.
- After the Risk Behavior group convinces members of the Risk Situation group to eat a piece of their candy, take all the group members, who ate candy, out in the hall and tell them it is now **their goal to make anyone left in the room to eat a piece of candy**. Make sure you give them each two more pieces of candy. Tell them to say things that they think will make the others want to eat their piece of candy or even try to force the candy on them. After they go back in the room let the coercion begin!!!
- After a few minutes (don't let it get out of control) stop the activity and regroup. Find out who ate or even accepted a piece and talk about crossing the line from risk situation to risk behavior.
- Thank the Healthy Behavior Group for being so strong in their conviction to not join the other groups. If no one mentions it, ask them how they feel about not getting a piece of candy. Hopefully someone will say that they refused and because of that, they missed out on a goodie.
- At this point you discuss the fact that the other group limited their choices by only taking the piece offered to them...healthy behaviors afford people many more options.
- **NOW** bring out a hidden bowl of assorted candy (that has the candy offered earlier as well as an assortment of really good stuff) and let each of the Healthy Behavior Group members help themselves to a handful. ☺

Catch That Cure

Grade 3
HIV Education

Purpose

To demonstrate through game that the struggle to find a cure to AIDS will require the combined efforts of many doctors and scientists.

Equipment

Two sponge balls or other soft tagging implement. A desk or hoop for all but two students.

Storyline

Scientists and doctors are working very hard to find a cure for AIDS. The virus that causes AIDS is a very tricky and powerful enemy. Do you think that when the enemy is as difficult as the AIDS virus (HIV), one person will be able to find the cure? Or will it require the effort of many? Let's see.

Description

Students remain at their seats or in their hoops to begin the game. Two students are chosen to become a runner and a tagger. The runner is identified as the "transporter/carrier" of the HIV. (avoid saying that the student has HIV) and the tagger is identified as the "doctor/scientist." It is helpful to have two colors for the tagging implements. The chase is on when the doctor attempts to tag a 'cure' upon the HIV. To demonstrate the elusiveness of the virus though, at any time the virus can prevent itself from being tagged by sitting in the seat of another desktop-seated player (or stepping in the hoop of a standing player). The person with whom he/she sits becomes the new virus carrier. What will happen is that the players will soon see that the doctors will need to ban together and create traps by also sitting in the seats of remaining players following the same procedure as the virus transport. If a tag is made – CHEER! and reverse the roles. Play until all are seated and then start over again.

It is helpful to constantly review the storyline as the game is being played.

Choose Your Candy

Purpose

To visually show that choices are made before HIV transmission occurs and allow students an opportunity to discuss their options.

Time

15 minutes

Materials

A large plastic bag containing four different types of candies.

Introduction

Briefly review the information students have previously covered on HIV. (They already should have had background on epidemiology of HIV and modes of transmission, as well as the link between HIV infection and behavior.)

Explain that the following activity is designed to show how HIV can spread through a population.

Procedure

1. Pass around a bag containing at least four different types of candies (M&M's, hard candy, etc.). Ask each student to take one piece of candy out of the bag.
2. After all students have selected their candy, ask someone to select a piece of candy for the teacher. This candy signifies that the teacher has HIV, or another STD or is involved with an unplanned pregnancy. All other participants with this type of candy should stand as they also have HIV, another STD or are involved with an unplanned pregnancy.
3. Another piece of candy is selected. These students now stand. These people had sex with or shared drugs with the first group. Now they must worry about HIV/STDs or parenthood.
4. This continues until only one group remains seated. This group of students has not been involved with any risky activity.

Summary

In summarizing, discuss the following questions:

- Why is this group left?
- How did you feel when you were told what your candy represented?
- Who made the choice?
- Look at another person in your group. Can you tell what kind of candy they have?
- Did anyone choose not to choose?
- How was luck involved?

Emphasize that in making choices regarding sex and drugs, "you can't tell by looking."

The Community Meeting

In this lesson, students take part in a simulated meeting to apply some of what they've learned in a realistic situation.

Students will demonstrate the ability to:

- Empathize with people with AIDS
- Identify social issues related to AIDS and the community
- Apply the knowledge they've learned about HIV and AIDS in a practical situation.

Prepare the students by assigning the roles ahead of time. Tell students to:

- Read their role
- Try to think about how their character would respond to questions and discussion about what to do with a student who has been infected with HIV
- If a student can't perform their role or they don't understand what they're suppose to do, explain their role or give them another one. Or they can just participate in the activity as themselves.
- If students do accept a role, they need to stay in character, even if they disagree with what the character is saying. After the role-play, they'll get a chance to talk about how they really feel.

Set up chairs and a table at the head of the room.

Provide a nametag or "tent card" for each participant at the head table indicating their role.

The Situation

"This meeting is being held to hear people's concerns about a boy who is currently a student at (name of your school). Two weeks ago, rumors started about Charles Crawford, a tenth-grader, member of the basketball and swim teams, and volunteer at a downtown food bank. The rumors were that Charles Crawford had contracted HIV. As word got out, some people have become alarmed; the alarm spread and intensified when the principal confirmed that the boy was indeed HIV-positive. Several of the parents and teachers, led by Phyllis Singleton, a parent, have even signed a petition demanding Charles Crawford's removal from school or at least his quarantine from the rest of the students. As president of the school board, I have called this meeting to discuss the concerns of the people in the school and the larger community."

Note: You may find that the class can get on tangents, e.g., whether or not Charles Crawford is gay or uses drugs (it's never stated). One of your responsibilities as chairperson of the meeting is to bring the discussion back to its main point, i.e., whether or not Charles Crawford is a danger to his classmates and teachers.

The Rules

Begin the "meeting" by restating its purpose: to hear people's concerns about Charles Crawford. Appoint a secretary to take notes, and state some ground rules:

- You can raise your hands if you want to speak, but you can also speak directly to others without getting my permission. I'll regulate the discussion if it gets out of hand.
- Whether or not I call on you, introduce yourself in terms of your role so people will know if you're a student, a parent, or someone else.

The Community Meeting – 2

- If and when I say ‘freeze,’ I’d like you to step out of your roles and be prepared to discuss what’s going on.
- People who have spoken once before should allow others a chance to speak, but they should have a chance to defend themselves. I’ll try to call on people who have not yet spoken.

Remind students to stay in character, and say that those students who don’t have roles can either play themselves, adopt a different role, or just observe.

The Head Table

Introduce the people sitting at the head table with you:

- The superintendent of the school district, who represents the schools
- Two school board members, who represent the community
- The attorney representing Charles Crawford
- The head of the local health department, who can answer questions about the medical aspects of HIV and AIDS

Explain that the people at the head table will be asking questions and commenting, too. Remind students that as members of the audience, they’ll be sharing their concerns about the situation.

The Meeting

- Call on Phyllis Singleton to make her opening remarks. After that, moderate the discussion so as much information comes to light as possible, and so that students experience a variety of issues and views. *Encourage students to respond to each other, rather than waiting for you to call on them.* Keep track of any misinformation – particularly misinformation that goes unchallenged – so that you can correct it later.
- When everyone who wants to speak has spoken at least once, end the meeting by thanking everyone. Say that it’s illegal to discriminate against anyone with HIV, so that in this case Charles Crawford would remain in school, but that you were glad to hear what everyone felt about the situation.

Discussion about Feelings

Ask students how they felt about the simulation. Focus discussion on the following questions:

- How did you feel playing your role?
- Did any of you change your mind as the meeting progressed?
- Who was the most effective in influencing you? Why?
- Who was the least effective in influencing you? Why?
- Even though he didn’t have a part, how did you feel about the character of Charles Crawford?
- What were some of the other issues brought out in this meeting?

Discussion about Facts

Ask students if the facts about HIV and AIDS were stated in the role-play.

The Community Meeting - 3

Community Roles

1. Assign the roles with **asterisks *** to the strongest and most confident students.
 2. Assign roles in order of number; the most important roles are the first 20. (Don't do the activity if you don't have at least 20 students.)
3. During the role-play, encourage people to participate by asking leading questions, e.g.,
 - Does anyone else have an opinion about this?
 - Is there anyone who disagrees with that?
 - Can we hear from someone who hasn't spoken yet?
4. "Freeze" the role-play for any of the following reasons:
 - Too much misinformation is going unchallenged. You can ask students, "Does anyone have different information?"
 - Students are diverging from their assigned roles. You can remind them, "Remember, stick to your roles; you'll have a chance later to express your own opinions."
 - The discussion is veering from the main point. You can tell students, "Let's keep to the issue here; the meeting has been called to hear people's concerns about Charles Crawford."
 - There is too much shouting or disorder. You can refer students to the Ground Rules and also say that the goal of hearing everyone will be better achieved if people are more courteous.
 - Not enough students are volunteering to speak. You can suggest that students read their roles from a first-person point of view in order to spur discussion.

Don't stop the role-play for too long; get students back on track and then resume the discussion.
5. Be sure to debrief afterwards:
 - Correct any misinformation.
 - Remind everyone that people were not necessarily reflecting their own views.
 - Give students a chance to share their own opinions.
 - Encourage them to continue the discussions outside class.
 - Tell everyone that it is illegal to discriminate against anyone with HIV or AIDS.

At the Head Table

1. Superintendent of the School District
2. School board member #1
3. School board member #2 *
4. Attorney representing Charles Crawford *
5. Head of the local health department *

In the Audience

6. Phyllis Singleton*
7. President of student council

The Community Meeting - 4

8. Principal of the high school*
9. Student #1
10. Parent #1*
11. Swimmer*
12. Parent #2
13. Parent #3*
14. Student #2*
15. Swim coach*
16. Student #3
17. Minister #1*
18. Minister #2*
19. High school nurse
20. Guidance counselor

Optional



21. Physician
22. Parent #4
23. Student #4
24. Cafeteria worker
25. Student #5
26. Parent #5
27. Parent #6
28. Parent #7
29. Parent #8
30. Student #6

Superintendent of the School District

You support developing an HIV/AIDS policy that doesn't discriminate against people with HIV or AIDS. You know that people with HIV or AIDS aren't a danger to anyone, but you're aware that a lot of parents are very scared about all this. You try to support Charles Crawford but also respect the different viewpoints. The last thing you want is panic.

School Board Member #1

You're about as neutral as you can be on this issue. You were elected by some of the people here, so you want to pay attention to how the group is feeling. You don't want to declare yourself one way or the other until you have time to think about this, and so you try not to say anything that will make it seem as if you're committed for or against Charles Crawford.

School Board Member #2 *

You feel very strongly that Charles Crawford is being punished by God for sinning. You believe that the morals in civilization as a whole and among young people in particular are in decline; one reason you ran for the school board was to halt that decline. You want to do whatever you can to make sure that an example is made here: Charles Crawford should be permanently expelled from school.

Attorney representing Charles Crawford*

You support Charles Crawford's interests. You know he's not dangerous to anyone, and you want people to understand that it's unconstitutional to deny his place at school. You realize how he got HIV is beside the point. You're determined to stick with the law and with ethics.

Head of the local Health Department*

You must have made 50 speeches this year about AIDS, and you know pretty much what to expect: a lot of misinformation, a lot of fear, and sometimes very little tolerance for other points of view. You try to be the authority when people have a health question.

Phyllis Singleton *

Your daughter was friends with Charles Crawford in ninth grade, but they don't see each other much now. You didn't like Charles Crawford before this happened, and you certainly don't like him now. You think it's appalling that he would endanger his classmates and teachers by continuing to come to school. After all, people swim in the same pool as he does. What you do know about AIDS is that the facts are not all in, and that it's certainly possible that HIV can be spread more casually than is now thought. You're here to see that anyone with HIV or AIDS is immediately removed from the school community. You want people to err on the side of safety.

President of Student Council

You took some classes with Charles Crawford, and you always thought he was pretty smart. You don't know whether he's gay or not – for all you know, he got infected from his girlfriend – but it doesn't make any difference to you. You've learned that HIV is not easily transmitted, and you feel that sometimes students' attitudes are more enlightened than those of the adults telling them what's best for them.

Principal of the High School *

You suppose that Charles Crawford is a good student, but there are plenty of good students. You're more concerned with the parents, and right now you're getting a lot of pressure from parents to see that Charles Crawford doesn't go anywhere near their children. You feel that you owe your allegiance to the students, and that the students' best interests are in having Charles Crawford – and anyone else who contracts a disease like AIDS – removed.

Student #1

You don't know that much about AIDS, but you know that Charles Crawford is a good person. You were as surprised as anyone about this whole thing, but you feel that you owe it to Charles to stand by him.

Parent #1 *

You've already pulled your son from school, and you've called on other parents to do the same with their children. You can't understand why there's even any question about keeping Charles Crawford at school. What are one person's rights compared to the safety of hundreds of children? You feel that Charles Crawford should be quarantined. You won't back down to any intellectuals when the welfare of your child is at stake. Just thinking that that boy was in such close proximity to your son gives you the shivers.

Swimmer*

You know Charles pretty well, and you've heard that he might be gay. Some of your friends are gay, and you don't like it when people are discriminated against because of their sexual orientation. You're aware that your popularity carries a lot of influence, and you want to be sure that someone is present to defend Charles.

Parent #2

You're tired of this meeting, and you want to go home. You understand that people with HIV are at risk of dying from opportunistic diseases, and you understand that other people don't want to be near them. It sounds like Charles Crawford is more at risk of getting germs from students and other teachers than they are of getting HIV from him. Therefore, you think that Charles Crawford should be taken out of school for his own protection.

Parent #3 *

Last year, two years after your divorce, you went to donate blood and discovered that you had tested positive for HIV. Your ex had used intravenous drugs for a brief period before your marriage, and, since you haven't engaged in any other risky behaviors, you know that that's how you contracted the virus. You're not gay, you're not "loose," and you don't use drugs, but you have HIV. You want people at this meeting to know that AIDS isn't a disease that strikes only certain "risk groups."

Student #2*

You'd heard that Charles Crawford was gay, and this really cinches it. You don't have anything against gays, but you'd prefer it if they just went away by themselves and did whatever they do without bothering "normal" people like yourself. You feel that Charles Crawford is dangerous. For all you know, you can get HIV by breathing the air that he breathes. It's his own fault for getting AIDS, anyway. Now he should pay for it, not you.

Swim Coach *

You coach Charles on the swim team. You're at the meeting to support him. You're also here because you know that if they expel or quarantine Charles, they can do that to anyone. You're disappointed because more teachers aren't here, and that Phyllis Singleton is. You've had run-ins before with her, and you know that she has quite a following.

Student #3

You just heard that Charles Crawford is HIV-positive, and now you're wondering how many other people are HIV-positive that you don't know about. You think that everyone should get tested at once, and maybe those who test positive should be quarantined.

Minister #1 *

You've always preached compassion, and you feel that people like Charles Crawford deserve that compassion. You can't understand why there is so much fear and hate, and you try to make people understand that the disease could happen to anyone, and that people should treat Charles as they would wish to be treated themselves.

Minister #2 *

You know that homosexuals and drug users get AIDS. Whether Charles Crawford is a homosexual or a drug user, he certainly doesn't belong in a classroom, possibly infecting other students. Even were he not afflicted with AIDS, you would be in favor of expelling him because he's immoral. As a representative of the churchgoing members of the community, you feel that it's your duty to make the moral case against Charles Crawford.

High School Nurse

You don't know that much about Charles Crawford, and you don't particularly care. What you do know is that HIV is transmitted only through blood and sexual body fluids, and that there is virtually no chance of anyone in school catching HIV from Charles Crawford. You want to be sure that people get the facts, either from you or from a reputable educator or scientist.

Guidance Counselor

You've been around a long time, and you've seen thousands of students and hundreds of teachers come and go through this school. The important thing is to maintain order, not chaos. And right now the school community is fast approaching chaos. The solution is simple: Since it's Charles Crawford who's been causing the problem, he's the one who should leave. When Charles Crawford is gone, the problem is gone. You just want to get on with the routine of educating students; you want to leave all this civil rights stuff to the lawyers and the AIDS stuff to the doctors.

Physician

You're aware that issues like this can get out of hand, and you're here to stem any panic that can arise from misinformation.

Parent #4

You don't know quite what to believe. Of course you're concerned about your son, who's on the basketball team with Charles Crawford. But you want to do what's right, too. And it doesn't seem right to expel Charles Crawford if he's not contagious. After all, he's going to die soon, and it's not decent to kick a boy out of school when he has so little left to him. If there's any question about his being a danger to students, however, you reluctantly would support the people who want to get rid of him.

Student #4

You've worked with Charles Crawford at the downtown food bank, and you know how important it is that people trust the staff there. You're concerned that people might start spreading rumors about the food bank's being infected, and you want to make sure that that doesn't happen.

Cafeteria Worker

You once rode a bus home with Charles Crawford when your car broke down. You don't care what anyone says about him: He's a good person.

Student #5

You know that HIV is often spread by using injected drugs, and someone told you that Charles Crawford was a drug user. You believe that no one who uses injected drugs should be kept in school, and you intend to ask for Charles Crawford to be not only expelled but also arrested if it comes out that he's been using drugs.

Parent #5

You've helped out in school the past year or two, and you've gotten to know Charles Crawford because he participated in a few of the activities you've been involved in. You've found him to be a real asset to the school, and you don't want him to leave.

Parent #6

You've been to the downtown food bank before, and the idea that someone may be spreading his AIDS virus all over the food horrifies you. You want to make sure that all the food is inspected and that Charles Crawford never goes near the food bank again.

Parent #7

You really have not been keeping up with what's been going on. You came to this meeting because you had to drop your son off at another school function nearby, and you had a couple of hours to kill. You've heard about AIDS – that it's a disease and that it's pretty serious – but that's about it. You're pretty open to others' views.

Parent #8

You know that HIV is often spread by using injected drugs. You don't know if that is how Charles Crawford became infected with HIV, but even if it was, you think that he should be treated with dignity. You know that chemical dependency is a sickness, and that the compassionate thing to do is to help those who are sick.

Student #6

You only came here because you thought it might be funny. You'd like to stir things up by making outrageous comments and then watch everyone react to them. You don't even know Charles Crawford, so you feel as if this issue has nothing to do with you. You're just bored.

HIV/AIDS Concentration Game Rules

One set of HIV/AIDS Concentration cards per group. (2-3 students per group)

Cards are shuffled and placed with the lettering face down on a table. Players take turns choosing two cards at a time, trying to make matches out of the cards they choose. Chosen cards are turned over for all players to see. If the cards are a match the player collects them, trying to collect as many matches as possible. If a match is made the player continues selecting two more cards.

If a match is not made, the cards are returned face down to the table and the next player takes a turn. Play continues until there are no more cards on the table. Games can be played until a selected number of matches are made.

T-Cell – a specific type of blood cell that looks for germs

Antibody – proteins produced by blood cells that destroy germs

HIV – Human Immunodeficiency Virus

AIDS – Acquired Immune Deficiency Syndrome

Hugging – a safe behavior with no chance of HIV exposure

Injecting drugs – using a needle to put drugs into a vein; a risky behavior for possible HIV exposure

Blood – the body fluid which has the highest concentration of HIV present

United States – a country where AIDS was diagnosed in 1981

Africa – a country where HIV had its beginnings

Risk behaviors – injecting drug use, breastfeeding, sexual contact

Hemophilia – a blood clotting disorder that requires transfusions

Donating blood – a perfectly safe behavior for obtaining blood

Abstain – to refrain or “not do”

Immune system – body system that keeps you healthy by removing harmful germs

Universal precautions – steps that treat all blood and body fluids as if they are infectious (HIV, HBV)

HIV positive – a test where HIV antibodies are present in the blood

Condom Comfort

Purpose:

To decrease students' anxiety in discussing the use of condoms with their partners and to build students' communication and negotiation skills in this area.

Time:

20-40 minutes, depending on group size

Materials:

Butcher paper and markers

Introduction:

While abstinence is the most effective means of protecting yourself against HIV and other STDs, condoms provide a good second line of defense. One of the most difficult and important skills for using condoms consistently lies in developing comfort in negotiation their use with potential partners, especially partners that may be reluctant to use them.

Since as a group you have also targeted this as a skill you need to develop, we would ask you to participate in the following activity. (Remind students of the *right to pass* in the ground rules.)

Procedure:

1. Ask the group to come up with lines that people use when they do not want to use condoms. Write these down on one sheet of butcher paper and post it on one wide of the front wall in the room.
2. Ask the group to come up with lines and other techniques that people can use to talk a reluctant partner into using condoms. Write these down on a second sheet of butcher paper and post it on another side of the front wall.
3. Divide the class into 2 groups, with one side lined up facing the sheet of anti-condom lines, the other lined up to face the pro-condom lines and techniques. Instruct those facing the anti-condom lines to use these to try to talk their partner out of using condoms. Those on the pro-condom side are to use their lines to convince their partner to use condoms.
4. Each pair has 45 seconds (or 1 minute) to role-play, after which they go to the end of the opposite line in which they found themselves originally. The next pair then has a minute to role-play the same situation, picking up where the last couple left off. The process continues until all students have had a chance to play both a condom-resistant and a pro-condom partner.
5. Process the exercise as a group, using the following questions:
 - a. How did it feel to play the person who wanted to use condoms?
 - b. How did it feel to play the person who did not want to use condoms?
 - c. What techniques seemed to work best to get the other person to use condoms?

Summary:

Ask for students to comment on the activity overall. What did they feel they learned? Explain that as a result of the activities, your hope is that students will be more comfortable discussing the use of condoms with potential partners, whether they choose to become sexually active now or far in the future.

Created by: Mixed Cities Team, Nebraska 10/91

Condom Use Steps

Make cards from the following steps for condom use. Handout cards to students and allow them to put the cards into place by either placing themselves in order to one another or by placing the cards on something that will hold them such as a chalkboard tray.

Discuss contraceptive use with your partner.

Go to store to purchase condoms.

Make sure the condom is latex, not natural membrane ("skin").

Inspect the package for holes, expiration date or manufacturing date.

Store condoms in a cool, dry place.

Sexual activity begins with hugging and kissing.

Be careful when opening the package and handle the condom gently.

Pinch the end of the condom ½" to create a reservoir.

Unroll the condom onto the erect penis.

A water-based lubricant can be applied to the outside of the condom to ease insertion.

Using a lubricant with spermicide (Non-oxynol 9) is effective in killing HIV.

The vagina receives the penis.

Ejaculation occurs.

Hold onto the rim of the condom as the penis is removed from the vagina.

Withdraw the penis from the vagina soon after ejaculation.

Take off the condom away from the partner's genitals.

Throw the used condom away.

Never reuse a condom!

Shopping for Contraception

1. Name of store _____
2. What protective products are sold here? (list three kinds of latex condoms and one kind of foam and the prices for each product. Indicate the types of condoms you saw.)

Product	Brand Name	Price	Lubricated?	Nonoxynol-9?	Reservoir (R) or Plain (P)
Condom:			Yes No	Yes No	R P
Condom:			Yes No	Yes No	R P
Condom:			Yes No	Yes No	R P
Foam:					

3. How comfortable would you be buying protection here?

1	2	3	4
Very	Fairly	Somewhat	Very
Comfortable	Comfortable	Uncomfortable	Uncomfortable

4. Would you recommend that a friend buy protection here? Yes No

Write two sentences telling why or why not.

5. What are the store's hours of business? _____

Counterfactual Decision ~ Consequence

Fact: Tom is offered a ride home from basketball practice. On the way home, they see two friends whose car had broken down. Tom's friend offers them a ride – they accept, plus they bring along the two 6-packs of beer they had in their broken down car.

Decision: _____

Consequence: _____

Outcome: _____

Tom

Counterfactual Decision ~ Consequence

Fact: Joanne and her friend were at a party one night where there was drinking. Her friend drank too much and started flirting with two boys she just met. After a while the boys and her friend start to go outside.

Decision: _____

Consequence: _____

Outcome: _____

JoAnne

Counterfactual Decision ~ Consequence

Fact: Connie's friends invite her to a weekend party where she knows someone she is attracted to will also be attending. Connie accepts. One of the friends has a car and picks Connie up and drives her to the party. When she arrives, she finds the party is un-chaperoned and there is drinking going on. The friends – both male and female – are casually pairing off and heading upstairs to different rooms.

Decision: _____

Consequence: _____

Outcome: _____

Connie

Counterfactual Decision ~ Consequence

Fact: Cathy likes to be seen with Jerry's group of friends. One night after a ballgame, Jerry offers to give Cathy a ride home in Jerry's new car; three of his buddies are already in the car. Cathy knows how jealous the other girls would get, knowing that Jerry gave her a ride in his new car. It would be a giant leap up the "status ladder" for her.

Decision: _____

Consequence: _____

Outcome: _____

Cathy

Discrimination

Objective:

Participants will: develop insights into discrimination on the basis of sexual orientation, be aware of their own feelings regarding homosexuality, and be more sensitive to the needs of others.

Procedure:

1. Prior to the exercise, write one of the following phrases on each 1" x 2" day-glo sticker in block letters, using a medium thick, black felt tip pen: "smile at me," "look away from me," "turn your back on me" "pat me on the shoulder," "walk away from me," and "shake my hand." Prepare enough labels so that each participant will get one; the labels should be readable from a distance of two feet.
2. Introduce the exercise by indicating that you will put a label on the forehead of each participant. They will not know what their label says. Once the labels are on, they will be instructed as to the next step. Emphasize that it is important that participants remain seated and silent until all the participants have been given a label.
3. Place a label on each participant's forehead, as quickly as possible. Ask participants to get up and proceed to a nearby, large common area where they can mingle comfortably. They are to remain silent for the entire duration of the exercise.
4. Instruct participants to mingle silently, following the instructions on the labels of each person they encounter. Let participants walk around in this manner for **three or four minutes**.
5. When the time is over, ask participants to come back to their seats and remove their labels. Process large group discussion.

Discussion questions:

- How long do you think the exercise lasted? (participants will typically think that it was longer than 5 minutes).
- What label did you have? What was your experience wearing it?
- How did the treatment you received make you feel?
- How did you respond to those feelings?
- How did you treat the other people in the group?
- How did that make you feel?
- What does this exercise tell you about societal discrimination?

If not already discussed, note some observations of the group interaction during the exercise: people with the negative stickers slowly stopped mingling and distanced themselves off to the side; this behavior mirrors what happens among people who are discriminated against in the larger society.

Total time: 45 minutes

**Faulty Thinking:
Why Teens Become Pregnant
(Faulty Thinking statement, Truth and Facts, Suggestive Behavior)**

I can have a baby now; my mother had a baby when she was a teen and she managed OK.

Truth and Facts:

The generational cycle of teen pregnancy occurs when a teen whose mother was a teen parent becomes pregnant. This cycle has heartbreaking consequences. According to the Alan Guttmacher Institute, only 70 percent of teen females who have babies finish high school. The likelihood that any of these teen females will get a higher education is very slim. As a result, the downward cycle of low income and poverty begins for a teen mother and her baby. She is less likely to marry or stay married to the baby's father than is a female who has her first baby in her twenties. By the time her baby is five years old, a teen mother is less likely to own a home or have savings in the bank. Now, suppose the teen mother has a daughter and raises her with limited financial resources AND then the daughter also becomes pregnant as a teen. The cycle of low income and poverty is perpetuated and continues from one generation to the next.

Suggestive Behavior:

If you are female, and your mother was a teen parent, do not repeat this pattern. Your mother loves you and is glad she has you. However, if you wait to have a daughter or son to love, you are more likely to have the resources to raise your child. Wait to finish school, get a job, get married, and then have a baby.

I'll be the center of attention if I have a baby.

Truth and Facts:

Perhaps you have read about an unmarried actress who has a baby. Her pregnancy received a lot of publicity. Keep in mind that she also may have a full-time nanny, cook, and housekeeper to care for her needs and the needs of her baby. She is not frazzled and struggling to make ends meet. After all, she is rich and famous – which is a major reason she is the center of attention as an unmarried mother. Perhaps you know a teenager who has a baby. Maybe everyone makes a fuss over the baby when the mother is around. This makes the teen mother the center of attention – but only for a brief moment. Consider what a teen mother's life is like most of the time. She must spend time preparing formula, changing diapers, and comforting a crying baby who will not sleep. She has little, if any, social life.

Suggestive Behavior:

The brief moments of attention you might receive if you have a baby right now are just that – brief. After the novelty wears off, you have a baby who is depending upon you to meet his/her every need. As a teen, you have many needs of your own. You have needs to stay in school, enjoy social activities, and to learn skills for a career. You can't meet those needs and also meet the needs of a baby.

He won't leave me if I have his baby.Truth and Facts:

If you have a fantasy that for mom and dad a baby means "living happily ever after," guess again. More than 25 percent of teen mothers have never lived with their baby's father. By the time a child of a teen mother reaches grade school, more than half of teen mothers no longer live with their child's father. Although laws are being passed to require teen fathers to support their babies financially, to this point in time only 20 percent of never-married mothers receive child support.

Suggestive Behavior:

Guess again if you think pregnancy cements a teen relationship. On the contrary, pregnancy stresses a teen relationship. The teen couple usually does not stay together. The baby is raised without living with a father. As fatherless children grow older, they are more likely than children raised with a father to take drugs, drop out of school, get involved in crime, and become teen parents.

I (she) won't get pregnant if we have sex.Truth and Facts:

Remember, three out of ten females become pregnant before the age of 20. And, how many of these females planned on getting pregnant? Very, very few. Every day there are teens who become pregnant who believed "it won't happen to me." The fact is that a female can become pregnant if she has sex only once. She can become pregnant even if she is "being careful." She can become pregnant every if he says he is "being careful."

Suggestive Behavior:

Don't take chances and do not allow someone else to persuade you to take chances. "Being careful" is not an option. Practice abstinence. When you practice abstinence, a female will not get pregnant. A male will not get a female pregnant.

I can drink alcohol and still stay in control of my decisions about sex.Truth and Facts:

Alcohol is a depressant drug that numbs the part of the brain that counsels reasoning and judgment. The inner voice that says, "I want to practice abstinence" is dulled when you drink alcohol. Drinking alcohol is very risky AND is illegal for someone your age. Drinking alcohol is especially risky when you choose abstinence and your partner is trying to pressure you to be sexually active.

Suggestive Behavior:

Most teens who are sexually active were drinking alcohol the first time they had sex. They didn't plan to have sex. Do not drink alcohol or try to get someone to drink alcohol in order to persuade the person to have sex. If someone wants you to drink alcohol so that your decision-making ability will be affected, recognize how little respect that person has for you.

It's up to her to set the limits; after all, "boys will be boys."

Truth and Facts:

For conception to occur, a sperm must fertilize an egg. In other words, "it takes two to have a baby." Although the female carries the unborn child, the male also is responsible for the pregnancy. AND, the male is responsible for the baby when it is born. If you are a male, think ahead about the need a baby has for a father. The close bonding of a baby with a father helps the baby develop self-confidence. In addition to emotional support, a father helps provide financial support for his family. Can you really justify "boys will be boys"? Do you really believe that a female is the only person responsible when pregnancy occurs? Are you aware that laws have been passed that require you to financially support a baby who is yours?

Suggestive Behavior:

A teen male should be proud of the way he lives his life. He must value respectful relationships, the institution of marriage, and fatherhood. He must treat every female with respect. He should not see "how far he can go." He must take responsibility, set limits, and practice abstinence. A teen male must recognize the significance of fatherhood. A teen male is not ready to provide the emotional and financial support a mother and baby need.

Directions for teaching the activity:

Place the three heading cards on a wall (Left to right, Faulty Thinking, Truth and Facts, and Suggestive Behavior).

After handing out all the statement cards to students in the class have them place their card under the appropriate heading. (Hint: all the **bold worded** cards will be a 'Faulty Thinking' card.) For each of the six 'Faulty Thinking' cards there will be a card with truthful and factual statements – these go under the 'Truth and Facts' heading. There will also be a card that is specific to the 'Faulty Thinking' statement which will give an alternative or optional behavior – these go under the 'Suggestive Behavior' heading.

Lesson Activity KEY

"Faulty Thinking"	"Truth and Facts"	"Suggestive Behavior"
I can have a baby now...	The generational cycle...	If you are female, ...
I'll be the center of attention...	Unmarried actress....	Brief moments of attention...
He won't leave me...	If you have a fantasy...	Guess again if you think...
I (she) won't get pregnant...	3 out of 10 females...	Don't take chances...
I can drink alcohol...	Alcohol is a depressant...	Most teens who are...
It's up to her to set the limits...	For conception to occur...	A teen male should...

Feelings about HIV

This is an exercise designed to examine “feelings” exhibited toward people who are infected with HIV. Hopefully it will display a variety of feelings, biases, and stereotypes associated with HIV infection.

Obtain enough 3x5 cards so that each person in the group will be included. Before handing out a card, write a person’s name to role-play at the top of the card, along with a specific condition at the bottom of the card. Leave room for the participant to write in five feelings about how they react as that person.

Example:

<p>You are: The parent of an HIV+ child</p> <ol style="list-style-type: none">1.2.3.4.5. <p>The child contracted HIV from sexual behaviors.</p>

Other situations:

You are:

Husband/wife of an HIV+ person
Child of an HIV+ parent
HIV+ person
HIV+ person
Peer of an HIV+ person

Condition:

Acquired through an outside affair
Acquired through a blood transfusion
Acquired during a “one night stand”
Acquired through a blood transfusion
Acquired through injecting drug use

Hand a card to each person and ask him or her to write down their feelings. Post the feelings on a wall chart. Compare similarities and/or differences. Be sure to point out that the issue is not HOW the virus was acquired, but that these people need support, compassion and understanding from others.

Another idea:

Ask participants to make a poster on how they “see” the AIDS virus.

Following Directions

Purpose:

To identify barriers to communication and to emphasize the importance of active listening skills.

Time:

20 – 30 minutes

Materials:

One worksheet (follows) for every two students.

One blank sheet of paper and one marker for every two students.

Introduction:

One of the most common barriers to communication is that we do not check out what we think other people are saying. In other words, we do not use our active listening skills. The following exercise is designed to show how two people can be saying exactly the same words, but still give two different messages.

Procedure:

1. Students divide into pairs.
2. One student (A) in each pair receives a blank piece of paper, a marker and something solid to draw on. The other student (B) is given a copy of the *Following Directions* worksheet.
3. **Student B** begins to read the directions word for word to **Student A**, whose task it is to follow the directions his/her partner is giving. **Student B** may repeat a direction, but may not answer any questions.
4. When all pairs have finished, post the drawings for the entire class to see. Discuss the drawings using the following questions:
 - Do all of the final figures look alike?
 - How are they similar?
 - How are they different?
5. Discuss how different people can interpret the same directions. Point out that the *wavy lines*, *hills*, *figure-eights*, and *zigzags* do not look the same. Also note that the drawings contain different numbers of stars in the triangles and dots in the figure-eights.

Summary:

Again, even though each artist was given the same set of directions, we ended up with some very different drawings. Words like *several* and *some* are very unclear. In addition, we all have a different understanding of what zigzags, figure-eights and even stars look like. It's important that we remember this when we communicate with others. Asking clarifying questions and using active listening skills can prevent a great deal of misunderstanding



Adapted from: Understanding and Integrating Competencies Across Health Content, ETR Associates, 1992

Following Directions- 2

Read the following directions to your partner – word for word. Tell your partner to draw a picture “exactly as you describe it.” If your partner does not understand a specific direction, you may repeat it, but do not answer any questions.

1. Draw a square on your paper.
2. Draw a wavy circle around the outside of the square.
3. Inside the square, draw a triangle with several stars in it.
4. At the top of the circle, draw a hill with another hill on top of it.
5. Beginning at each corner of the square, draw a diagonal line ending in a figure-eight.
6. Put some dots in the figure-eights.
7. At the bottom of the circle, draw a zigzag line.



PERSONAL AND SOCIAL SKILLS

Understanding and Integrating Competencies Across Health Content

Go Fish'n Date

1. Divide into groups of four. Give each group a deck of cards.
2. Object is to try to collect pairs of characteristics that students would find attractive in a "date" or potential partner.
3. One player shuffles and deals each player 5 cards. Place remaining cards face down in the middle of the group.
4. The game is played as follows:
 - a. The dealer begins by asking any one of the players for a card to match one of his/her cards the s/he would like to keep as a quality in a partner or date.
 - b. If the asked player has that card, s/he must give it to the asker, and draw a replacement card from the deck.
 - c. If the asked player doesn't have the card, s/he should say "Go Fish'n." Then the 'asker' should draw a card from the deck.
 - d. If a match is made, the card pair is placed on the table as one of the "characteristics" of their date. The player draws one card from the deck.
 - e. Players take turns being the 'asker' in a clockwise order.
 - f. Play continues for a set period of time or until all players have matched all cards in their hands.
 - g. Then each small group reviews the cards ("characteristics") left in each player's hand.
5. Return to large group and ask learners the following:
 - a. Did everyone get all the characteristics they wanted to get?
 - b. Did people get characteristics they really didn't want to get?
 - c. How is the game like the real life experiences of seeking and finding partners?

(After the game is over, the teacher can explain that 1) their date could be the person whose characteristic pairs were collected or that 2) their date's characteristics are those they are left holding in their hand.)

Has bad acne	Has herpes
Brown eyes	Blue eyes
Has money	No job
Lives with parents	Is cheap

Snorts when they laugh	Is romantic
Has bad teeth	Likes children
Is kind	Is short
Has tattoos	Is gentle

Is bisexual	Is dependable
Has nice hair	Is generous
Likes to flirt	Five years older
Smokes	Laughs a lot

Is tall	Drinks a lot
Athletic	Gets along with friends
Likes to go out a lot	Abuses drugs
Has facial hair	Has a good job

Keeps house clean	Has own apartment
Has poor hygiene	Nice hands
Wants someone to take care of him/her	Complains all the time
Is controlling	Has body piercings

Wants to sleep with other people	Likes quiet nights in
Likes music	Spends too much money
Likes to cook	Really wants kids
Large breasts/penis	Very independent

Wants to wait to have sex	Good sense of humor
Has kid(s)	Has bad breath
Is deeply religious	Has had many sexual partners
Wants a college degree	Comes from a single parent family

Likes and wants to have children	Good cook
Sexy	Romantic
Sensitive	Likes to act crazy and do silly things
Manages \$ well	Is sterile

Is musical and loves music	Adventurous
Is careful about saving money	Keeps things to self
Is a good seamstress	Former cocaine abuser
Cheats on tests	Has long hair

Has an STD	Ambitious
Always neat and clean	College bound
Loves the outdoors	Trustworthy
Rich	Likes to have friends around a lot

Intelligent	Always gets good grades in school
Is athletic	Wants to be rich
Loves to dance	Likes practical jokes
Plays a professional sport	Likes to make others happy

Good sense of humor	Understanding
Giggles a lot	Respects and accepts others
Good listener	Has some teeth missing
Very honest	Self-confident

Takes pride in how he/she looks	Good conversationalist
Comes from same religious background	Atheist
Humble	Upon graduation wants to get a job near home

Good Old Fashioned Self-Control

Purpose

To encourage students to see themselves in control of their lives. To increase ability of students to practice self-control.

Time

40 minutes

Materials/Preparation

None

Procedure

1. Describe briefly a time when you acted contrary to a personal commitment, value or priority that left you feeling foolish or disappointed; for example, broke a promise, avoided an exercise routine, bought something outside your budget, ate something on your list of unhealthy foods.
2. Lead a discussion using the following:
 - a. How do they think you felt when it was over?
 - b. What reasons did you have for doing it?
 - c. What could you have done to resist the temptation?
3. Ask students to think of a time when they had a similar experience.
4. Ask for a volunteer to share their experience and have the class repeat the discussion questions in Step 2. (Note: If students don't volunteer give them some suggestions; for example, tempted to gossip about a friend or break training, have an impulse to go off a diet, lie to their teacher or buy something they can't afford.)
5. Have more students share, as time allows.
6. Brainstorm a list of things to do when faced with a temptation or impulse to act contrary to their commitments, values or priorities. See following page for suggestions.
7. Have students pair up and tell a story about a tempting or impulsive situation. Discuss them using one or more of the steps to act positively. Allow 5 minutes.
8. Ask students which of their suggestions might apply to a time when they need to resist the desire to have sex. Discuss and check those on the list that might work.

Summary

Suggest to students that it is easy to look at how to say "no" to pressure from a boyfriend or girlfriend to have sex. However, it is more difficult to say "no" when they are feeling romantic and/or sexual.

Reinforcement

1. HOMEWORK IDEA: Have students develop an interview for their parents about how they control impulses; what self-control tips they have found work for them.

Good Old Fashioned Self-Control - 2

Suggestions for Resisting Temptation/Impulses

Make your decision before getting into a tempting situation.

Say, "I'll wait until something better comes along."

Think about how you'll feel later if you do.

Tell yourself, "not today" or "maybe later."

Count to ten.

Get away from the scene.

Picture yourself as you want to be if you act with your values.

Picture yourself with the worst possible results of following temptation.

Make yourself do something else before you decide.

Think about something else.

Promise yourself a reward for resisting.

Imagine everyone in the world will know what you did.

Imagine your parents finding out.

Think of the worst thing that could happen if you do follow the impulse.

Say, "no" to yourself very firmly three times.

Go home and take a cold shower.

Harassment Hurts

Objective:

We've all heard it a million times – "Sticks and stones will break my bones, but words will never hurt me." This activity demonstrates how insults, name-calling, and put-downs that are targeted toward us, aren't necessarily so easily forgotten.

Materials:

Ziploc bag full of water, sharp pencils

Demonstration:

Tell the class that the Ziploc bag represents you – a person. The pencils will be insults, put-downs, etc. that we have heard throughout our life. Hold the Ziploc bag up for all to see and ask for a student to shout an insult while at the same time inserting a pencil into the bag. (Pencil must completely go through both sides of the bag). Ask for another student to do the same with another pencil. And another.

Discussion:

How is this example represented in real life? The pencils (insults) stay in the bag (the person). As you pull out the pencils (apologies), the person is wounded, and what was once a vibrant, fulfilled human being becomes scarred, empty and worthless feeling. All these insults become a part of who you are.

HIV Flow Chart

AIDS Education: Developing Critical Thinking Skills

Kim Fries
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If the overall goal of an AIDS education curriculum is to prevent the spread of HIV, then it is imperative that we as teachers provide our students with more than just facts and statistics about this virus. It is important also that the students are provided with the opportunity to comprehend, synthesize, evaluate, and analyze all aspects of this syndrome. Students need to be provided with higher order activities that will help them to internalize the information surrounding this pandemic that our society is facing. Once internalized, students can make healthy behavioral choices that will keep them safe from transmission.

One activity that can help students to gain critical thinking skills is presented here. The goal of this activity is to help students take the knowledge about the transmission of HIV and apply it to life situations where people come into contact with other people in a variety of ways. In some of these instances HIV is transmitted, and in some instances it is not.

Procedure

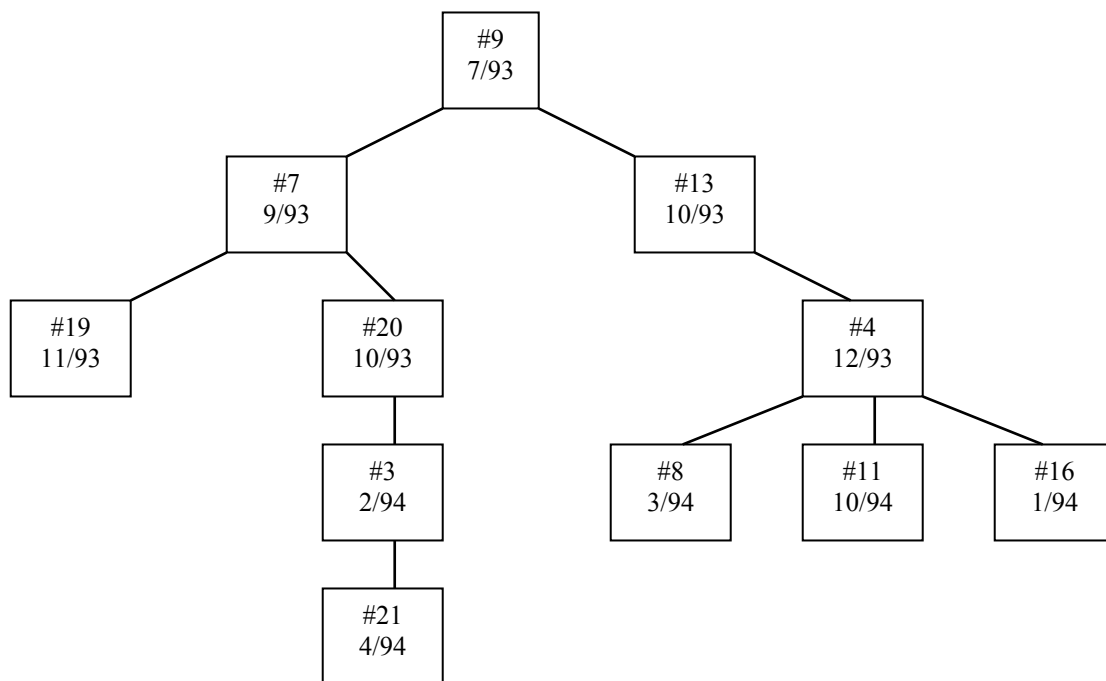
This activity would be appropriate to do with your students at the conclusion of providing transmission information. Students should be arranged in cooperative learning groups.

Prior to class, the teacher would need to reproduce enough copies of the logic puzzle below so that each cooperative learning group would have one copy to share.

Teaching Activity

Directions: The puzzle is a logic puzzle. The object is to try and determine which of the 22 people may become HIV infected and which would not. Each person is known only as a number (see column #1); no names have been used. The second column is a description of a behavior that the person engaged in, and the final column is the date that the behavior occurred. Your job is to read over the list and determine who may get infected and who would *not* get infected. Draw a flow chart or diagram that shows the pathway of the infection (Who infected whom?) Good luck!

An Example of the Flow Chart

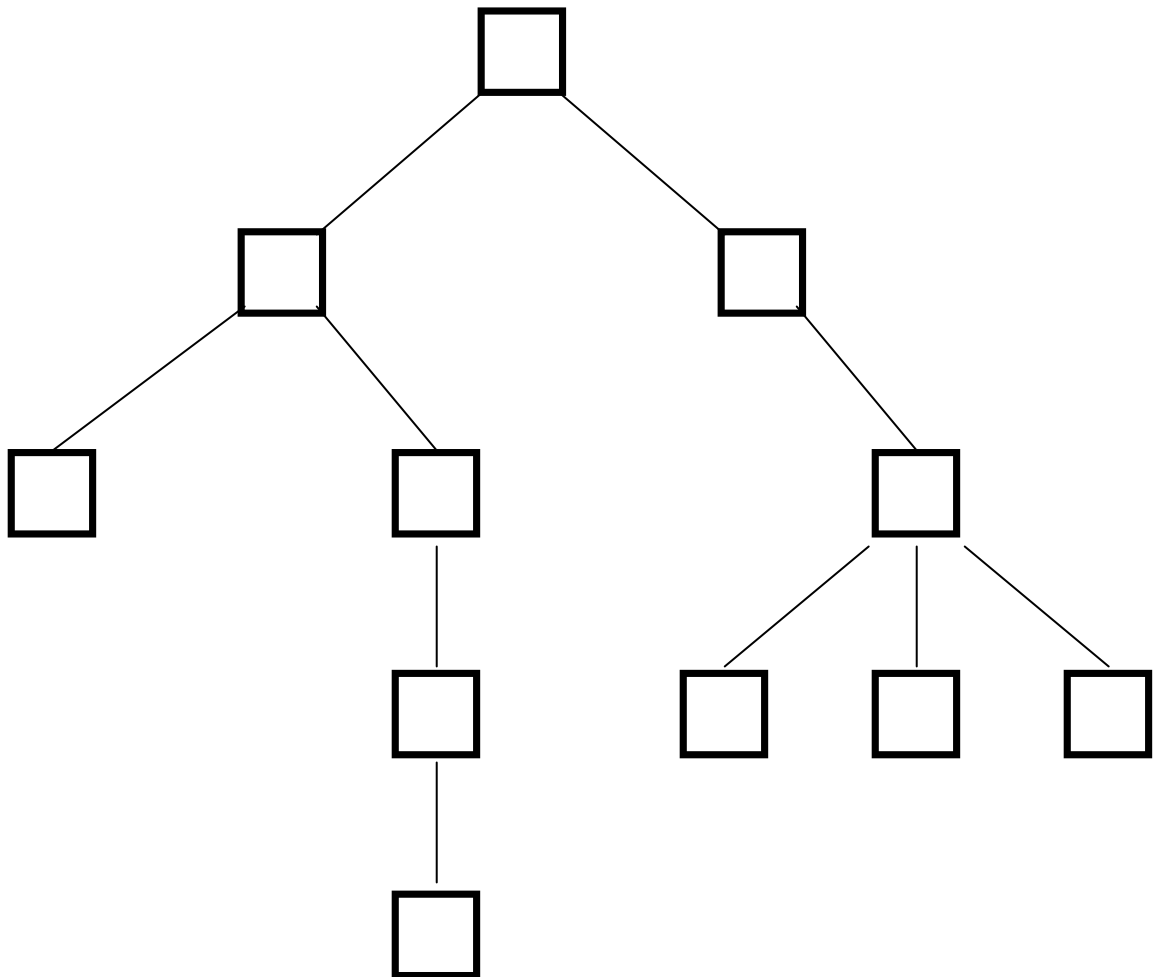


THOSE NOT INFECTED: 1, 2, 5, 6, 10, 12, 14, 15, 17, 18, and 22

Logic Puzzle

Person	Action or Behavior	Date
(1)	Engaged in sex with spouse (#6)	9/93
(2)	Attended a Tampa Bay Lightning Game with #7	12/93
(3)	A newborn, #3 was breastfed by his mom (#20)	2/94
(4)	Engaged in body piercing, sharing needles with #13	12/93
(5)	Engaged in sexual intercourse with #9	6/93
(6)	Bit by a dog	9/93
(7)	Received blood during surgery from #9	9/93
(8)	Received a tattoo after sharing a needle with #4	3/94
(9)	HIV infected while vacationing in New York	7/93
(10)	A newborn, #10 was breastfed by her mom (#20)	2/93
(11)	A child born to mother (#4)	10/94
(12)	Shared an ear piercing needle with #1	7/93
(13)	Shared a cocaine needle with #9	10/93
(14)	Fell and bled profusely all over #19	1/94
(15)	Used a tattoo needle after #4	9/93
(16)	Had sex with #4	1/94
(17)	Engaged in sexual intercourse with #12	10/93
(18)	Shared a pizza with #4	11/93
(19)	Using the same needle, injected steroids with #7	11/93
(20)	#20 received blood from #7	10/93
(21)	As a nurse, #21 was stuck with a needle after using it on #3	4/94
(22)	Donated blood to #21	4/94

HIV Transmission



THOSE NOT INFECTED _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____.

Person	Action or Behavior	Date
(1)	Engaged in sex with spouse (#6)	9/93
(2)	Attended a Denver Nuggets Game with #7	12/93
(3)	A newborn, #3 was breastfed by his mom (#20)	2/94
(4)	Engaged in body piercing, sharing needles with #13	12/93
(5)	Engaged in sexual intercourse with #9	6/93
(6)	Bit by a dog	9/93
(7)	Received blood during surgery from #9	9/93
(8)	Received a tattoo after sharing a needle with #4	3/94
(9)	HIV infected while vacationing in New York	7/93
(10)	A newborn, #10 was breastfed by her mom (#20)	2/93
(11)	A child born to mother (#4)	10/94
(12)	Shared an ear piercing needle with #1	7/93
(13)	Shared a cocaine needle with #9	10/93
(14)	Fell and bled profusely all over #19	1/94
(15)	Used a tattoo needle after #4	9/93
(16)	Had sex with #4	1/94
(17)	Engaged in sexual intercourse with #12	10/93
(18)	Shared a pizza with #4	11/93
(19)	Using the same needle, injected steroids with #7	11/93
(20)	#20 received blood from #7	10/93
(21)	As a nurse, #21 was stuck with a needle after using it on #3	4/94
(22)	Donated blood to #21	4/94

HIV Scavenger Hunt

Purpose:

The purpose of this activity is to use cross-curriculum methodology involving exercise, HIV knowledge, map reading, and teamwork to complete an activity detailing the HIV life cycle. To incorporate knowledge learned about HIV viral replication and teamwork to successfully complete the task.

Material List and Preparation:

Map design with 8 stations
8 different color squares
8 envelopes with one of each color placed in them
8 ropes or bungee cords
Pedometers (optional)

Procedure:

Divide students into 8 teams using the 8 different colors. Each group will be given a map marking the location of 8 stations. Each station has a hidden envelope with a square of all 8 colors. Each team will collect the one square at each station that is specific to their team color. The team will move in search of all 8 stations as a single unit; with teammates being connected by ropes or bungee cords. After collecting all 8 squares the team will go back to the start and be given a final project from the teacher (i.e. the HIV Life Cycle). The team must place the project steps in the correct order to win the hunt. The students' understanding of HIV will determine the material used for this project and should be age-appropriate.

If pedometers are available each team member will wear one that counts the steps of each player. The steps are then added together for a total count of steps. The first group in will receive an extra 500 steps, second group – 400, third group – 300, fourth group – 200, and the fifth group – 100.

Conclusion: Discuss final project.

Cards:

- 1) Free Virus – HIV enters the bloodstream of an uninfected person.
- 2) Binding and Fusion – HIV binds to the T-cell at two receptor sites.
- 3) Infection – HIV penetrates the T-cell. Contents emptied into cell.
- 4) Reverse transcription – single strands of viral RNA are converted into double-stranded DNA by the reverse transcriptase enzyme.
- 5) Integration – Viral DNA is combined with the cell's own DNA by the integrase enzyme.
- 6) Transcription – When the infected cell divides, the viral DNA is “read” and long chains of proteins are made.
- 7) Assembly – sets of viral protein chains come together.
- 8) Budding – immature HIV (the virus) pushes out of the cell, taking some cell membrane with it.
- 9) Release – immature virus breaks free of the infected cell.
- 10) Maturation – the protein chains in the new viral particle are cut by the protease enzyme into individual proteins that combine to make a working virus.

HIV/AIDS Jigsaw

Purpose

To research and learn the most important facts about HIV/AIDS.

Time

50 minutes

Preparation/Materials

Make a chart on butcher paper illustrating the jigsaw process.

Have four separate areas set up with HIV/AIDS pamphlets, booklets and other resources.

At each area write the topic to be researched on a 5x7 card. Topics may include: (1) What is HIV and AIDS? (2) How is HIV transmitted? (3) How is HIV not transmitted? (4) How can we prevent HIV infection?

Procedure

1. Explain that small groups will collectively research one of the four topics, and share what they have learned with four other people.
2. Explain the jigsaw procedure before dividing students into small groups. You may want to use a chart to illustrate the steps:
 - a. Groups of four will choose one of the four topics to research, identify the three most important facts and prepare to share the information with three other people. Explain that this is the student's original group and that they will split into other groups later in the activity.
 - b. After 15 minutes, students will be assigned to another group with four different students, one from each of the four topic areas. For example, one who has researched, "What is HIV and AIDS?", one who has researched "How is HIV transmitted?", etc. Each student will have 5 minutes to share what he or she has learned with the other members of the group.
 - c. After all students have presented there will be ten minutes for general discussion.
3. Check with students regarding clarity of instructions. Divide into groups of 8-10 and remind them they have 15 minutes to complete the first part of the activity.
4. Decide on a method for dividing the students into groups of four. Remind them they have five minutes each to share their information. Suggestion: give each of the original groups colored paper (e.g., group 1, green, group 2, yellow, etc. Ask students to form new groups of four by finding the three colors they don't have.

HIV/AIDS Jigsaw - 2

5. After 20 minutes, reconvene group and discuss the activity.
 - a. Was all the information they received factually correct?
 - b. Besides knowing the facts, what else does a person need to do to prevent HIV infection?

Reinforcement

Have each group design a poster, which contains factual information all students should know to prevent HIV infection. Display the posters in the classroom and acknowledge the creativity and knowledge of the groups.

Have students tell at least one other person at school or at home the facts about HIV/AIDS.

Recognizing The Real Risks: HIV/AIDS Risk Circle

Objectives:

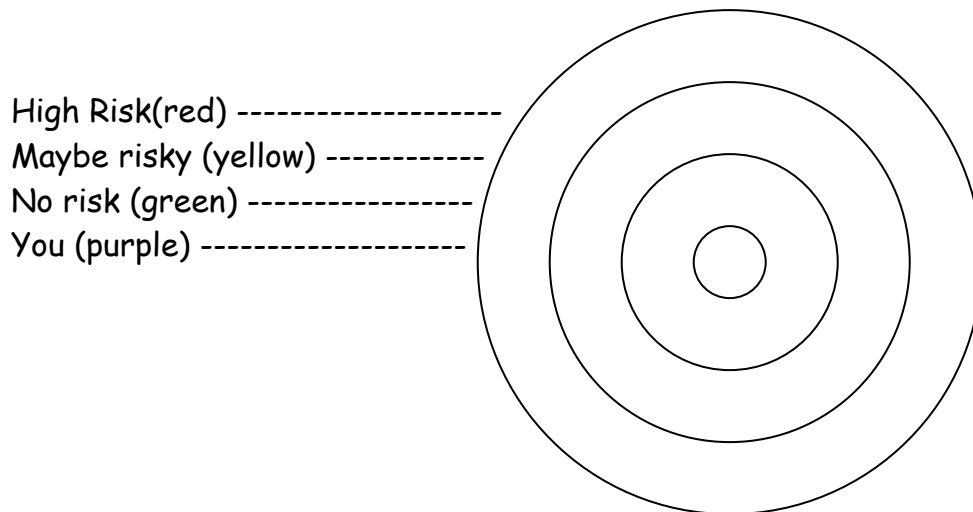
1. Participants will be able to demonstrate the ability to evaluate the degree of risk that various activities pose for the transmission of HIV.
2. Participants will be able to observe in a visually concrete way those activities that contribute to a safe, happy, healthy lifestyle and those that they might want to “distance” themselves from because they are risky.

Estimated time:

30 minutes

Materials:

- ✓ Large wall chart with a series of different colored circles radiating from a small inner circle. The purple innermost circle should have the word “You” printed inside it. The green circle, next to the “You,” should have “No Risk” printed inside it; the red outermost circle should have “High Risk” printed inside it. For lower level groups, one other circle, yellow, should be labeled “Maybe Risky.” For higher level groups, two additional circles can be incorporated: an orange one for “Probably Risky” and a blue one for “Probably Not Risky.” Colors for the different circle areas have been chosen to correlate with stop-sign associations. (See diagram.) An archery target could also be used for this activity.



HIV/AIDS Risk Circle - 2

- ✓ Small cards describing various risky to safe activities, ranging from “shaking hands with an HIV-positive person,” to “shooting drugs and sharing the needle with an HIV-positive person.” A variety of activities should be used, preferably enough for at least one per student. Include some activities that have positive health benefits, like “swimming often in a public pool.” However, the educator must be prepared to discuss all of the activities or behaviors s/he uses on the cards.
- ✓ Tape, stick-pins or reusable adhesive tape.

Rationale:

Puberty-age students need repeated reassurances that casual contact does not transmit HIV and repeated confirmation of those behaviors that *could* place them at risk. They also need chances to verbalize this information and to see in concrete ways how these behaviors contribute to, or detract from, a safe, healthy, happy lifestyle. The circle concept helps students personalize the information and visualize those behaviors that are helpful to be “close to” and those behaviors that are helpful to be “away from.”

Procedure:

1. Explain the chart to the students and review the meaning of the various degrees of risk.
2. Have students pick cards at random from the pack of activity cards.
3. Then have students read their cards, one at a time, and place them on the circles chart, according to how risky they feel the activity would be in exposing them to HIV. The very risk behaviors would be placed furthest from the “You” circle, the ones with very little or no risk would be placed in the closest circle to the “You,” etc.
4. After all the cards have been placed on the chart, discuss the placement.

Possible discussion questions:

- Which activity cards do you think should be in a different risk circle? Why? (After discussion, and with factual information provided by the educator, the activity cards should be moved to the accurate HIV/AIDS risk circle.)
- Which activities in the “No Risk” (and “Probably No Risk”) circles do you think are behaviors that can add to a person’s good health and happiness? Why do you think so?
- Which activities in the “High Risk” (and “Probably Risky”) circle could be risky in *other* ways to a person’s health or happiness, besides being risk for HIV infection? How might they be risky?

Note:

An alternative method, useful for younger students, is to use a large sheet on the floor with the “circles” diagram on it. Students holding the different activity cards can then stand in the circles that describe the degree of risk they feel that activity poses for HIV transmission.

Adapted by Sue Montfort and Joan O’Leary from *Circles* by Leslie Walker-Hirsch and Marklyn Champagne, James Stanfield Publishing Company, PO Box 1995B, Santa Monica, CA 90406

HIV/AIDS Risk Circle - 3

“What You Do: Rating Behavior for Risk”

1. Holding hands – no risk. HIV does not live or grow in the environment. There are no cases of HIV infection that can be traced to casual transmission.
2. Drinking from the same can of soda – no risk. However, there is the risk of transmitting cold or flu viruses this way.
3. Sitting next to someone who is infected with HIV – no risk. HIV does not live or grow in the environment.
4. Sharing needles or syringes for IV drug use – high risk for HIV transmission, because the blood of an infected person can be injected into the bloodstream of an uninfected person. Students should be aware that sharing needles for steroid use is also a high-risk activity.
5. Donating blood – no risk in the United States. New, sterile equipment is used for each donor and is destroyed when blood collection is completed.
6. Receiving blood transfusions – low risk in the United States. Since 1985, blood has been tested for the presence of HIV antibodies; infected blood has been discarded.
7. Abstaining from sexual intercourse until you are ready to establish a lifelong mutually monogamous relationship with an uninfected partner – no risk. One person must be infected with HIV to pass the virus on to his or her sexual partner.
8. Engaging in French kissing – low risk. The scientific findings do not provide an answer on this one. HIV can be recovered from the saliva of some persons with HIV infection. However, HIV is much less frequently recovered from saliva than from blood.
9. Getting bitten by a mosquito – no risk. There is no evidence that HIV can be transmitted by mosquito (or other insect) bites. If it could, there would be a great many more cases where transmission could not otherwise be traced to sexual or drug-related behavior. There would also be many more cases in areas where mosquitoes are prevalent.
10. Eating in a restaurant that has a cook who is infected with HIV – no risk. HIV does not live or grow in the environment.
11. Using public toilets – no risk. HIV does not live or grow in the environment.
12. Using public telephones – no risk. HIV does not live or grow in the environment.
13. Getting your ears pierced at a place that sterilizes needles – no risk so long as the needles are sterilized. Unsterilized needles increase the risk for HIV and other infections.

Hot Seat!

This activity can be used to discuss pros and cons to any subject area; the assertions in this example are relevant to “handling resistance to AIDS Education.”

Set up two chairs on the pro side and two chairs for the con side. As soon as a statement has been made that person gets up and tags another student in the class to take his turn. This activity will involve both sides of the written statements being taken by participants either on the pro or con side of the issue. Participants may have to take the side on the issue that might be in conflict to their own belief. Discussion may follow on how it felt to have to say things they don't believe in.

Assertion

1. The AIDS incident is so low around here I just don't think it's worth the class time.
2. If there were an HIV positive kid in this school, I'd quit teaching here and pull my kids out!
3. I'm sorry, but our school board has ruled no human sexuality education for elementary.
4. What are you going to do to make an HIV positive child who contracted the disease by transfusion or sexual abuse feel OK in your AIDS education class?
5. I think we should take the boys aside and teach them about HIV/AIDS, but our little ladies don't need to know this stuff.
6. I think if a teacher were HIV positive he should not be allowed to teach; we need parent and community confidence here.
7. Gay or lesbian teachers should never be placed in the difficult position of teacher HIV/AIDS education.
8. Why on earth would you want to invite a person with AIDS into the school to talk with students? It's like inviting a drug addict or a murderer! Let's not make celebrities out of them.

How Crowded is Your Bed?

Purpose: To make students aware of the complications sexual activity may bring to their lives.

How Used: Students gather around a large bedspread to share the “bed” as the script indicates.

Directions:

1. Write these names and corresponding names of the story’s characters on index cards or name tags. You may want to color code John’s list different from Maria’s list. Each name corresponds to a section of the story.

1a - John

- 3a Can’t remember name???
- 3b Can’t remember name???
- 3c Can’t remember name???
- 3d “Can’t remember name’s” partners???
- 3e “Can’t remember name’s” partners???
- 4a Tiffany
- 4b Andrea
- 5a Clara
- 5b Clara’s boyfriend
- 5c Clara’s boyfriend’s partners???
- 5d Clara’s boyfriend’s partners???
- 5e Clara’s boyfriend’s partners???
- 7 Nan

1b - Maria

- 2 Don
- 6a Sam the Scientist
- 6b Suzy the Streetwalker
- 6c Suzy’s partners???
- 6d Suzy’s partners???
- 6e Suzy’s partners???
- 8 Jose

Note: In order for the whole class to participate, you may add additional “partners.” You may want to number them or give them names so as you read the story they will know when to join the others.

2. Have students draw a name and wear their tag. Before you start reading the story, have John’s group on one side of the room and Maria’s group on the other side.
3. Place a large bedspread in the middle of the classroom floor. Have John and Maria stand at the head of the bedspread.
4. As you read the story, have the characters sit down on the bedspread.

How Crowded is Your Bed?

Story:

1. Characters – **John and Maria**

This is the story of John and Maria. They became engaged this afternoon at a romantic picnic by a secluded lake. They began to make plans for their wedding and their life together. They spent a fun-filled evening announcing their engagement to their many friends. They kissed good night and went to their respective apartments and called their families to let them know the news.

As John and Maria prepare for bed, they both excitedly anticipate the honeymoon. Unknown to each other, thoughts start crowding their minds. It is not worries about what the sexual experience will be like—rather, it is crowded with memories of dating days of the past!

2. Character – **Don**

Maria remembers when as a high school sophomore, she met her first love, Don. He was an adorable upper classman. She was the envy of all of her friends. After dating for two months, they both had sex for the first time. Since it was the first time for both, they weren't accustomed to discussing sex. The sex act was quite clumsy and embarrassing. As a result they broke up about two weeks later.

3. Characters – **Can't remember name???** and **Can't remember name's partners???**

John remembers how “cool” he was as a freshman. Among his group of friends it was the “in thing” to have sex whenever and with whomever they could. So he was accepted by his friends, John dated lots of girls and he had sex with at least three different girls. He cannot even remember their names. The sex always followed alcohol at a party. The alcohol gave him the courage to go through with the sex act. His freshman year is a blur.

4. Characters – **Tiffany and Andrea**

From his sophomore through junior year, John was a little more careful because he did not want to have a girlfriend get pregnant. He had seen the anguish his best friend went through when he got a girl pregnant. He dated only two girls seriously –Tiffany and Andrea. He made sure he only had genital contact but no actual intercourse. He now realizes how lucky all of them were because even that contact could have created a pregnancy or passed an STD.

5. Characters – **Clara, Clara's boyfriend, Clara's boyfriend's partners**

Late in his senior year, John met Clara at his part-time job. She had a young child. Clara said she had become pregnant her junior year - the first time she had sex with her boyfriend. When her boyfriend found out she was pregnant he dumped her. Clara said she did not know his sexual history, but it was rumored that he had had multiple sex partners over several years. John and Clara dated for a year before they had sex. They continued to date and have sex for two more years. John hated to hurt Clara, but realized that he wanted more out of life. He broke off with her.

6. Characters – **Sam the Scientist, Suzy the Streetwalker, Suzy's partners???**

Maria became cautious in dating as a result of the bad experience with Don. As a sophomore and junior she dated casually. She did not want to become too emotionally involved with anyone. She just enjoyed playing the field and participating in school activities. In her senior year she met a super guy, Sam the Scientist, who shared her interest in science. He did not pressure her sexually. They dated their senior year enjoying each other's company and discussing all the things they wanted to do in their lives.

Unknown to Maria, one night at a party, Sam the Scientist was flattered by the attention of Suzy Streetwalker. After partying and drinking quite heavily, he ended up going to bed and having sex with Suzy. He had no idea how many people she had had sex with before. The next day his pals said there were rumors that Suzy used drugs. He felt terribly guilty and never saw Suzy again. He didn't tell Maria immediately because it was just one time and he had no feelings for Suzy.

As Sam continued dating Maria, they became more and more sexually intimate. Two months after the one-night stand with Suzy, Sam noticed a rash and had small patches of hair fall out. Since he was going in for a college physical, he asked the doctor about the symptoms. He was diagnosed with syphilis. He had to tell Maria. She got medical care. Shortly after, they broke up because the trust was never there again. Then they both left for college.

For several years in college, Maria dated only casually. She did not want any commitments.

7. Character – **Nan**

After high school and having dated Clara, John entered the military. One night while on leave, he met Nan the Nurse. Because of the information on HIV/AIDS she had not had sex before. They fell madly in love and married three months later. At first their sex life was great. But because they had not taken much time to get to know each other before marriage, they began to discover they had a lot of differences. The marriage lasted five years and ended in a divorce.

8. Character – **Jose**

Meanwhile, Maria started her career as a financial advisor. She met a particularly nice fellow, Jose. As a high school student he had taken a very good and comprehensive sexuality education class from (your name). He had dated a lot but limited his sexual activity to heavy make-out sessions. They were planning to be married so they had sex. Tragically, he was killed in a car accident before the wedding. Maria was devastated and buried herself in her work as a financial advisor.

9. Characters – **Maria** and **John**

After the divorce and military duty, John decided he needed to get his financial life squared away and became more mature. A friend recommended Maria as a financial advisor. Maria helped John for over two years before they started dating. They took several months to get to know each other well. Because they were now more mature and had learned from the past ten years of relationship experiences, they felt they were ready to once again settle down and make a serious commitment to marriage. Because they believe what is in the past stays there, they have not actually talked about their sexual histories. It all happened before they met.

As John and Maria anticipate their wedding day, they begin to think about their past relationships. They hear that the asymptomatic stage of HIV/AIDS can last for several years. They do not want to endanger each other's life. They are beginning to be haunted by skeletons in the closet. John and Maria realize their honeymoon bed could be very crowded.

(Pause) How crowded is your bed???

Discussion Questions

- How realistic is this story to the dating scene in our school? In society? *varies*
- What were the behaviors that put John and Maria at risk for sexually transmitted diseases and HIV/AIDS? *Multiple sex partners by them and their partners, Suzy's possible drug use*
- What were the reasons John and Maria had multiple sex partners? *Peer pressure, decisions influenced by alcohol, loved, were going to marry, marriage*
- What should John and Maria do now? *Get an HIV test. May want to take the test together to show how much they are concerned about each others' health – Love Test.*
- How might they start the conversation with each other about their past sexual history? *"Because I love you, I have something that is important for you to know. I have had previous partners. Your health is important to me so I had an HIV test. Here are the results."*

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Is Barbie Drunk?

Sexual behaviors involving alcohol

Rationale

The purpose of this activity is to use an analogy to show how alcohol impedes decision-making and communication skills. Participants should easily see the relationship to alcohol.

Audience

Junior and senior high school

Time

One class period

Goals

To help participants:

- Understand how alcohol consumption can lower the likelihood that a couple will remain abstinent
- Learn how alcohol consumption can impede decision-making and communication skills.

Materials

- 1 Barbie doll (in a bathing suit)
- 2 pair of durable plastic gloves (not surgical thin ones)
- 2 pair of goggles
- 2 Zip-lock bags (in case one rips)
- Vaseline/laminating/wax paper
- Place Barbie (dressed in a bathing suit), along with her clothes and accessories in the Zip-lock bag and seal the bag.

Procedure

1. Tell the group that you are going to simulate the effects of alcohol on decision-making and communication skills. The following demonstration shows how impairment caused by alcohol consumption can affect the ability to remain abstinent.

2. Ask for three pair of volunteers. Each will be a couple. Explain to the first couple that they have had one alcoholic drink. They must take Barbie, her dress and her shoes out of the Zip-lock bag and dress her in 60 seconds. They are allowed to communicate with each other while they are doing this.
3. After 60 seconds, ask the rest of the group whether the couple successfully completed the task.
4. Undress Barbie again (leave the bathing suit on), and place her clothes and shoes back into the Zip-lock bag. Explain to the second couple that they must also dress Barbie in 60 seconds, but that they have had two to three alcoholic drinks. Therefore each must each wear **one** glove (that is, they are both *involved* but the alcohol has impeded their skills) and goggles. They must communicate with each other while performing the task.
5. After 60 seconds, ask the rest of the group whether the couple successfully completed the task.
6. Again, place Barbie and her clothes in the Zip-lock bag. The third couple, like the previous couples, must get Barbie and her clothes out of the bag and dress her in 60 seconds. This couple, however, is drunk. They **are not allowed** to talk to each other since people who are drunk are not known for the clarity of their communication. Each must wear two gloves as well as goggles frosted with Vaseline/laminating/wax paper to indicate impaired vision.

It's All in the Bag!

Goals:

- ✓ To understand that decisions a person makes are often times influenced by peers.
- ✓ That all decisions have consequences, some are good, some are bad.

1. Decorate 3-6 small paper bags with magazine cut-outs, pretty wrapping paper, ribbons, or nothing at all.
2. Fill all, but one or two bags, with “goodies” such as candy, gum, small toys, pencils, informative pamphlets on HIV/AIDS, etc.
3. In the extra bags place “disappointing” goodies such as empty gum or candy wrappers, broken pencils, partial toys, etc.
4. Staple all bags closed and set on a table in front of the room.
5. Select people to be the recipients of the bags and ask them to leave the room for a moment. While they are gone ask the rest of the people in the room to try and influence the decision of the “bag receivers” so they will select a particular bag. Encourage them to exert heavy pressure.
6. When the “bag receivers” select a bag, one at a time, have them open the bag and show what they got. Ask them to share how they feel about their decision and the peer pressure they were under while making their decision.

Learning About STD

Directions

Fill in group members' names and the name of the STD your group is working on. Read the questions and the information about the STD assigned to your group. Then answer the questions and prepare a report for the class.

Group Members' Names:

Name of STD

1. What is the **infectious agent** that causes this STD?
2. What are some of the **symptoms** of this STD?
3. How is this STD **transmitted** to people?
4. What are some of the **effects** of this STD?
5. How can this STD be **treated**?
6. How can this STD be **prevented**?

Herpes Simplex

Fact Sheet

Herpes simplex is caused by a virus. There are two kinds of herpes. Type I usually causes cold sores around the mouth, and Type II causes sores on or around the sex organs. But both types can infect either area.

Small, painful blisters and a flu-like feeling are common symptoms. Some people have no symptoms. Herpes is transmitted during sexual contact (intercourse) or by direct contact with a herpes sore. Babies can get it from their mothers during birth (perinatal transmission).

The effects include mild to severe attacks of painful sores. There is no known cure for herpes, but some drugs are used to reduce symptoms.

Herpes can be prevented by avoiding contact with herpes sores and not having sex (abstinence). Using latex condoms and birth control foams, jellies or creams will provide some protection. However, condoms don't offer protection from sores in areas that aren't protected by the condom.

Learning About STD

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HIV

Fact Sheet

HIV is the virus that causes AIDS. It attacks and weakens the immune system. A weak immune system can't protect the body from disease and infection.

HIV is a disease with many stages. People can be infected with HIV for years without getting sick. They may look and feel healthy. They may not even know they are infected. But people with HIV can pass the virus to people they have sexual intercourse with through semen and vaginal secretions, and to people who come in contact with their blood when they share needles. A pregnant woman with HIV can pass the virus to her fetus in the womb (prenatal transmission), during birth (perinatal transmission) or after birth during breastfeeding.

The first symptoms of HIV infection occur about 2 to 6 weeks after infection with the virus. Many of these symptoms are so mild that people think they have only a minor illness or infection. The symptoms include fever, sweating, tiredness, headache and a sore throat.

At this stage, most people recover without any treatment. Then they may not have any more symptoms of HIV infection for many years. If they have not been tested for HIV, they will not know they are infected, but they can still pass the virus to others.

Most of the symptoms of the next stage of infection can also occur in people who are not infected with HIV. But in people with HIV, the symptoms either don't go away or keep coming back. These symptoms include unexplained weight loss, tiredness, fever and night sweats, diarrhea, swollen glands, unexplained dry cough, white spots or unusual sores on the tongue or mouth.

When an infected person's immune system gets very weak, other diseases and infections can enter the body. At this stage, the person is said to have developed AIDS and will also have a T-cell count of 200 or less. These diseases include some rare cancers and pneumonia – diseases that people with healthy immune systems usually don't get. These diseases are called "opportunistic infections." They can cause death. There is no known cure for HIV infection, but early treatment can delay the start of symptoms and reduce the amount of virus being reproduced.

HIV can be prevented by not having sex (abstinence) and by using only sterile needles. People who are having sex can help protect themselves by using latex condoms with birth control foams, jellies or creams.

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Gonorrhea

Fact Sheet

Gonorrhea is caused by bacteria. Common symptoms include an unusual discharge (pus) from the penis or vagina and a burning sensation when urinating. Women may have stomach pains. Some men and women may have no outer symptoms.

The bacteria is transmitted from person to person during sexual contact (intercourse). Babies can get it from their mothers during birth (perinatal transmission).

Gonorrhea can harm the reproductive organs. It can cause men and women to be sterile (unable to have children). It can also cause heart trouble, skin disease and arthritis.

Gonorrhea can be treated with antibiotics. It can be prevented by not having sex (abstinence). People who have sex can help protect themselves by using latex condoms and birth control foams, jellies or creams. Washing exposed areas before and after contact will also help kill some germs.

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Syphilis

Fact Sheet

Syphilis is caused by bacteria. Syphilis has 4 stages. Common symptoms in the first stage are painless, reddish-brown sores on the openings of the sex organs. The sores can also occur on the lips, in the mouth or on any other body part.

The second stage occurs from 1 week to 6 months later. Symptoms of this stage include a rash on the hands and feet. People may feel like they have the flu.

There are no symptoms during the third stage, and the infected person cannot transmit the disease during this stage. However, the disease is present and harming the body. This damage shows up in the late stage. Some effects are heart disease, brain damage, blindness and death.

Syphilis is transmitted through sexual contact (intercourse). Babies can get it from their mothers during pregnancy (prenatal transmission).

Syphilis can be treated with antibiotics. It can be prevented by not having sex (abstinence). People who are having sex can help protect themselves by using latex condoms and birth control foams, jellies or creams. However, condoms will not provide protection if the sores are in areas that aren't protected by the condom.

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Genital Warts

Fact Sheet

Genital warts are caused by a virus. It is a different kind of virus than the virus that causes warts on the hands and feet. The common symptoms are small, bumpy warts on the sex organs or anus. In women, the warts may grow inside the body. Some people may not have any symptoms.

The virus can be transmitted during any kind of sexual contact. It can also be passed from an infected mother to her baby during birth (perinatal transmission). It can cause breathing problems for the baby.

Genital warts can grow larger, spread to more areas and become more serious. They can be treated with chemicals or removed by burning, freezing or surgery.

Genital warts can be prevented by not having sex (abstinence). People who are having sex can help protect themselves by checking their partners for the presence of warts. Washing exposed areas with soap and water before and after sexual contact will also help. Using latex condoms and birth control foams, jellies or creams will provide some protection. However, condoms don't offer protection from warts in areas that aren't protected by the condom.

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NGU

Fact Sheet

NGU stands for nongonococcal urethritis. Only men get NGU. But the germs that cause it can cause other serious problems in women. Most cases of NGU are caused by bacterial infections. Some common symptoms in men include an unusual discharge from the penis, itching, and pain while urinating. Women may have an unusual discharge, but they usually have no symptoms.

NGU is transmitted through sexual contact (intercourse). Babies can get it from their mothers during birth (perinatal transmission). It can lead to

serious infections of the reproductive organs and cause sterility (being unable to have children). NGU can be treated with antibiotics. It can be prevented by not having sex (abstinence). People who are having sex can help protect themselves by using latex condoms and birth control foams, jellies or creams. Washing the sex organs before and after contact also helps reduce the risk of infection.

Learning About STD

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Chlamydia

Fact Sheet

Chlamydia is caused by bacteria. The common symptoms of chlamydia include an unusual discharge from the penis or vagina and a burning sensation when urinating. Some people have no symptoms. The bacteria can be passed from person to person during sexual contact (intercourse). Babies may get it from their mothers during birth (perinatal transmission).

Chlamydia can cause severe harm to the reproductive organs and sterility (being unable to have children). Chlamydia can be treated with antibiotics. It can be prevented by not having sex (abstinence). People who are having sex can protect themselves by using latex condoms with birth control foams, jellies or creams.

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Pubic Lice

Fact Sheet

Pubic lice are parasites (tiny insects) that live in pubic hair, armpits or eyebrows. Common symptoms include itching or the appearance of lice in the hair around the sex organs, armpits or eyebrows, and pin-sized blood spots on underwear. Pubic lice can be transmitted through close physical contact with someone who has pubic lice. They can also be transmitted by using the same clothing or bedding as someone who has them.

The effects include itching and discomfort that get worse if not treated. Pubic lice can be treated with special lotions and shampoos. All clothing and bedding must be washed in hot water. Pubic lice can be prevented by avoiding contact with someone who has lice. People who are having sexual intercourse should check their partners for signs of pubic lice.

Learning About STD

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Disease	Infectious Agent	Symptoms	Transmission	Effects	Treatment	Prevention
Chlamydia	Bacteria	Unusual discharge from penis or vagina, burning when urinating; may not have symptoms	Spread during vaginal, anal and oral sex; mother to baby during birth	Severe harm to reproductive organs, sterility	Medicine (antibiotics)	Not having sex, using latex condoms and foam or jelly
Genital Warts	Virus	Small, bumpy warts on the sex organs or anus; may not have symptoms	Spread during vaginal, anal and oral sex; mother to baby during birth	Can grow larger, spread to more areas and become more serious	Treated with chemicals, removed by burning, freezing or surgery	Not having sex, using latex condoms and foam or jelly, washing exposed areas before and after contact
Gonorrhea	Bacteria	Unusual discharge from penis or vagina, burning when urinating, stomach pains in women; may not have symptoms	Spread during vaginal, anal and oral sex; mother to baby during birth	Severe harm to reproductive organs, sterility, heart trouble, skin disease, arthritis	Medicine (antibiotics)	Not having sex, using latex condoms and foam or jelly, washing exposed areas before and after contact
Herpes Simplex	Virus	Small, painful blisters on sex organs or mouth, flu-like feelings; may not have symptoms	Spread during vaginal, anal and oral sex; direct contact with herpes sore; mother to baby during birth	Mild to severe attacks of painful sores	No known cure, symptoms can be treated with drugs	Avoiding contact with herpes sores, not having sex, using latex condoms and foam or jelly
AIDS	Virus	May show no symptoms; tiredness, fever, night sweats, weight loss, swollen glands, white spots in mouth, diarrhea	Spread during vaginal, anal and oral sex; sharing needles; mother to baby during pregnancy, birth, breast feeding	Weak immune system, cancer, pneumonia; death	No known cure, treatment can delay symptoms	Not having sex, using sterile needles, using latex condoms and foam or jelly
NGU	Bacteria	Unusual discharge from penis, pain while urinating, itching; usually no symptoms in women	Spread during vaginal, anal and oral sex; mother to baby during birth	Serious infection of reproductive organs, sterility	Medicine (antibiotics)	Not having sex, using latex condoms and foam or jelly, washing sex organs before and after contact
Pubic Lice	Parasites	Itching, lice in hair, pin-sized blood spots on underwear	Close physical contact, using clothing or bedding of infected person	Itching and discomfort	Special lotions or shampoos, washing all clothing and bedding	Avoiding contact with people who have lice
Syphilis	Bacteria	Reddish-brown sores on opening of sex organs, rash, flu-like feelings	Spread during vaginal, anal and oral sex; mother to baby during pregnancy	Heart disease, brain damage, blindness; death	Medicine (antibiotics)	Not having sex, using latex condoms and foam or jelly

Let the Force Beware

Elementary: Grade 4

Purpose:

To demonstrate through participation in a game situation, the function of the immune system as it responds to the introduction of germs, viruses, and HIV.

Equipment:

Enough blindfolds for the entire class (minus 5 or 6), soft tagging implements such as softball size sponge balls, 5 or 6 soft tagging implements different from the ones mention (i.e. gator skinned balls, sponge), maybe some pinnies to identify the 5-6 germs and viruses.

Cautions:

Any time there is blindfolds involved, students will need to describe what has to happen for safety sake. All participants must reduce speed (sighted and nonsighted), nonsighted must reach out with hands; caution must be exercised at all times.

Storyline:

The germs and viruses are survivors. They just have to live and they do not pay attention to the odds against them. Once they are released into the environment they will attack. If a person is attacked, all that victim has to do is call for assistance and the white blood cells will come to the rescue. Once two white blood cells attach themselves to the germ or virus, that germ/virus is ushered to the tank. When two germ/virus are in the tank, they are free again to attempt to infect. The immune system easily handles them. But beware!

Description:

After a while, the teacher will enter the game. Inform one of the white blood cells that they must let the teacher keep up, take their ball and begin to tag the other white blood cells. As each is tagged, they will be blind folded and told to reduce speed, hands out and be cautious. There will be some very disgruntled white blood cells, just keep going. Near the end of the game announce that the germs/viruses can now take their victims to the tank. At the end of the game remove the blindfolds and ask for the players feelings about the game and indicate that each person in the tank represents a death due to an infection from a germ or virus that at one time was no match for the strength of the healthy immune system.

Explain that this is how HIV works. It can be difficult for our bodies to identify due to its similar coat and once the virus is in our bodies, the immune system cannot deal with germs and viruses effectively.

Lifeline

Objective

The purpose of this activity is to develop a “person” with the goals and accomplishments being provided by the students in the class. The “person” developed however will have an early death or disabling condition that will prevent their realization of many of the anticipated accomplishments along the lifeline.

Procedure

On a long sheet of paper put markings of years, such as 5, 10, 20, 30, etc. Pass out 3-4 markers to students in the class. The students will give “J.Doe” a personality based upon accomplishments, goals or life occurrences they write at certain points along the lifeline. “J.Doe” will also be given goals that students would like him/her to meet in the future. After each student has written down two goals or accomplishments they give the marker to another student. The lifeline should be accurate in what is reflected...(i.e. “first child, a girl, is born” could not come after “a son develops cancer”).

Take time after each student has helped build “J.Doe” to read the lifeline completely and discuss the occurrences that have happened along the way. Suggested questions are:

- Do you feel some ownership of this person?
- Does this person have a successful life? Challenging life?
- How is this life like yours? A friends? A family members?
- When are the happy times?
- Where are the sad times?
- What events took a lot of money?

After discussing the person they developed, go to the lifeline and begin to rip it at some young age while saying “Oh, I forgot to mention that at the age of 15, “J.Doe” injected drugs and became infected with HIV, couldn’t afford the drug treatments and died at the age of 24.” (or some other life altering situation---an alcohol-related car accident, suicide, etc.)

Discussion follows usually in a subdued atmosphere, as students are disheartened over their “J.Doe”, the person they gave personality to, has a life cut short because of a poor choice being made while a teenager.

Loss Activity

OBJECTIVE

Participants will be able to describe the personal and social impact of living with AIDS.

OVERVIEW

It is difficult to imagine how one would feel living with a life-threatening illness. It is natural to “take for granted” many things we value. This activity helps participants to experience (through a simulation) the losses that a person with AIDS (PWA) might experience. This activity is designed to increase participants’ compassion and understanding of the devastation this disease brings and heighten motivation to avoid exposure to HIV. Although this activity can never fully achieve the impact of a PWA talk, it is a good replacement activity, if necessary.

TIME

30 minutes

MATERIALS AND PREPARATION

Paper and pens for each participant

KEY POINTS

- Life with AIDS is a series of losses of the things people value most in their lives.
- There may be a need for a person with AIDS to disclose personal information such as having AIDS and risky sexual behaviors.
- Grief, anger, and resentment are natural reactions to the losses experienced by a person with AIDS.
- This is a powerful technique for simulating loss and eliciting responses to losses. It can also help to personalize the potential losses if a person is practicing risky behaviors and becomes infected with HIV. Participants may identify with people with HIV/AIDS and thereby recognize their own risk status. Most participants, whether they can identify with a person with HIV/AIDS, greatly increase the compassion they feel for a person with AIDS.

PROCEDURE

1. Have each participant tear a blank piece of paper into four strips.
2. Ask the following questions allowing enough time for participants to write each response on a slip of paper.
 - What possession do you have that is the most precious thing to you?
 - What physical characteristic about yourself means the most to you?
 - What hobby or physical activity do you enjoy most?
 - What person(s) in your life mean(s) the most to you?
3. Ask the participants to fold one of the slips of paper and discard it on the floor in front of their chairs. Explain that this represents a “loss” in their life. After each “loss” ask participants to be aware of how they feel. After the four slips have been discarded, ask

Loss Activity - 2

participants to think about what life is like now after losing many things that are important to them.

4. Finally ask the participants to take the slips back one by one. Ask why they think you had them pick up their slips. Emphasize that you didn't want them to finish the exercise feeling sad because of their loss but rather to have a better understanding of how a PWA may feel about their life situation.

CLASSROOM APPLICATION

This can be used in lieu of a PWA speaker who would share about his/her experiences once diagnosed with HIV/AIDS and the resultant losses in his/her life.

This activity can be facilitated in the same way for teacher trainings and classrooms. Teachers need to be aware that this activity can evoke strong emotional reactions of anger, resentment and grief. Students may need extra time to express their reactions to this process. Validate feelings and encourage students to talk with friends, family, etc. about this experience. Teachers may want students to know they are available to discuss this activity after the class.

Developed by ETR Associates, 1988

Making A Sandwich

Objective: To show students how important communication skills are and to develop better communication skills.

Ingredients: Bread, peanut butter and jelly, index cards

Participants are to write down the steps they would use in making a peanut butter and jelly sandwich. Have them read their steps while you do **exactly** what they say to make the sandwich. Students will see that they may not be communicating exactly what they mean or what others would hear.

Mary's Story

Mary is a pretty 9th grade student who functions academically and socially at about a 3rd grade level. She is a friendly girl who tries to please everyone. Mary receives her core academic classes from special education teachers, **Ms. Terry** and **Mr. Clark**. She also attends electives and other required classes in the general education classrooms. One of those required classes is health/Family Life Education (FLE). **Mr. Brown**, the health/PE teacher is the instructor. Mary took his class last semester.

Mr. Brown had 45 students in his FLE class. Ten of the students had special needs and Individualized Education Plans. They always sat together at the back of the room. They never spoke up or asked questions. Mr. Brown wondered if they were getting anything out of the class. He questioned if some of the content was too complex or the pace too fast but he didn't alter the information because he was afraid the other students might lose interest. He really thought that these special needs students shouldn't be in his FLE class, but, because they didn't cause any trouble, he didn't bring it up.

In early November, Ms. Terry notices that several boys from the football team have started hanging around Mary and flirting with her. One day, Ms. Terry comments to Mr. Clark about the situation and says she hopes the boys don't take advantage of Mary because she is such a sweet girl. Mr. Clark remarks that it is a good thing that FLE is being taught but wonders if Mary is able to understand the information Mr. Brown teaches in that big class. Ms. Terry expresses that she is not sure, but there is nothing they can do if she doesn't. She continues to say that she doesn't know how to teach that stuff. And that **Mr. Johnson** (the special education director) and **Mrs. Hill** (the curriculum coordinator for health/PE) have never told them that they have any role in the teaching of FLE to their students. After their discussion, they both feel bad but decide there is nothing they can do.

Mary is thrilled the boys from the football team are paying so much attention to her. Some of the boys begin to call her at home and asking her out. At first her mother, **Julie**, says she can't go out with them, but then she finally agrees. She tells Mary, "You may go if you promise not to let any boys take off your clothes." No one had ever given Julie, Mary's mom, any information about sex when she was growing up. She heard they were now teaching sex in the schools. She was glad about that, she didn't know what to tell Mary.

When Mary first went out with one of the boys, named **Jerry**, he took her to a dark parking lot and started making advances. Mary told him right away that her mom told her not to let any boys take her clothing off. Jerry responded, "OK, but if we want to have a fun date we should do "it", everybody does. You can leave your clothes on and we can still do "it". If we don't we can't go out again. It wouldn't be a fun date." Mary didn't stop Jerry then, she felt uneasy and was unsure about what was happening. When Jerry stopped she could see how happy he was and he told her he wanted to go out again. That made Mary feel better. Jerry told two of his friends (**Rob and Paul**) about his date with Mary. He told them the key was just to do "it" with her clothes on. Rob and Paul then began to date Mary too. She became sexually involved with all three boys. Mary is very excited that the boys keep asking her out.

Mary's Story - 2

Six months later, Mary is pregnant. Who is responsible?

Mary	Mr. Brown (health/PE teacher)
Ms. Terry (resource teacher)	Mr. Johnson (SpEd Director)
Mr. Clark (resource teacher)	Mrs. Hill (curriculum director)
Julie (Mary's mom)	Jerry (first boy she went out with)
Rob (subsequent boy)	Paul (subsequent boy)

After reading the story:

1. By yourself, without any discussion, rank-order the characters from most responsible (1) to least responsible (10).
2. Divide into groups and work on a group consensus rank-order of the characters from most responsible to least responsible.
3. Share results with everyone; give rationale for your answers.

After thoughts:

In your school,

- a) Who is responsible for teaching human sexuality education to students with disabilities?
- b) Who decides what is taught to students with disabilities regarding human sexuality?
- c) Who decides how it should be taught? And where?
- d) Who makes sure that students with disabilities understand what is being taught?
- e) Who will answer questions outside of class?
- f) Who will be responsible for talking to a student who may be involved in risky behavior?

Master the Possibilities

Purpose:

To practice decision-making skills.

Time:

40 minutes

Materials/Preparation:

Draw the Possibilities Chart on butcher paper or board.

Introduction:

1. Suggest to students that often times we find ourselves making decisions impulsively without taking the time to think about and weigh the consequences. One of the key steps in making successful decisions involves taking the time to consider possible consequences, what might happen to “me” or its effect on others. This activity provides an opportunity to practice decision-making skills, to share viewpoints, alternatives, and possible consequences of each alternative.
2. Ask students to form groups of 4-6.
3. Have each group write a brief description of a problem situation they might encounter that could get them into trouble if they make the wrong decision.
4. Have students exchange with another group.
5. Ask students to use the following chart to respond to the given situation by listing all the possible alternative responses and consequences for the individual and for others.
6. Reconvene class and have each group present their situation, the alternatives and consequences.

Alternatives

Consequences

Alternatives	To Me	To Others
1. 2. 3.		

7. Lead discussion with the following:
 - a. Ask which alternative would be best? Why?
 - b. Does anyone have other alternatives they prefer? Why?
 - c. Why might someone choose an alternative that has negative consequences?
 - d. How could we use this process in our daily lives?
 - e. In what types of situations would this be helpful?

Summary:

It's very important to take the time to recognize and consider the possible consequences in a given situation and the effect it may have on yourself as well as other people. Remember to practice this key step in decision-making skills around daily issues.

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Alternatives**Consequences**

Alternatives	To Me	To Others
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

Messages about Sex

Objectives:

The participants will understand the different attitudes that prevail from person to person regarding sexuality; the participants will have the opportunity to analyze their own feelings regarding sexuality issues.

Instructions:

Hand out index cards* to each participant. The instructor will ask each person to write down three statements about the following areas:

1. What were the messages about sex you learned while growing up from the primary female figure in your life? (mother, older sister, aunt, grandmother, friend, coach, teacher, etc.)

What were the messages about sex you learned while growing up from the primary male figure in your life? (father, older brother, uncle, grandfather, friend, coach, teacher, etc.)

2. What were the messages about sex you learned while growing up from "society?"
3. What are the messages you wish someone had told you?
4. What are three ways that sex is different now than while you were growing up?
5. What are three things you would want young people to know now about sex?

Upon completion of the questions, break participants into small groups of 3 to 4. Participants should discuss their statements amongst each other for about 10 minutes. Bring group back together and have each participant (on the back of the index card) write down answers to the following:

- a. I learned. . .
- b. I learned. . .
- c. I learned. . .

Discuss as a group what each participant stated in the last segment.

*Participants should use their index cards as shown below and write the three statements near the corresponding number.

1	2
Name	
5	
3	4

Movement Through the Population **(A simulation)**

Objectives:

1. To allow students to better understand how HIV can travel undetected through a population.

Materials:

- 1 clear plastic cup for each student
- Phenolphthalein
- Sodium hydroxide

Procedure:

As students enter the class, give each a plastic cup a little less than half-filled with a clear liquid. All of the cups with the exception of one will be filled with water. The one exception will be filled with a strong basic solution. (To make this drop one NaOH tablet to one of the half-filled cups. Do this ahead of time to allow the tablet to dissolve). After students are seated, explain to them that this liquid represents their bodily fluids (blood, semen, etc...). They are going to share these fluids with another student by completing the following procedure. (Model this). Pour the contents of their cup into their friend's cup. Now their friend's cup will be full. Their friend will then pour all of the contents of his cup into their empty cup. Finally, they will fill their friend's cup half full and be seated. Have students complete this procedure with two more students. After they have completed this activity, you can begin testing for HIV by the following process. Drop one drop of phenolphthalein into their cup. If it turns pink, then they are HIV positive. If it stays clear, they are HIV negative.

There are many variations: You can repeat the process five times. You can have some students not share their bodily fluids. You can have them share only with people they trust. The variations go on and on. However, after three trials, almost the entire class will be HIV positive.

Explanation of Phenomena:

This activity mimics the transmission of HIV in several ways. First of all it involves fluids. Secondly, it involves the sharing of these fluids. Finally, it is impossible to determine by sight who has the virus (HIV). Moreover, the virus spreads throughout the room without anyone knowing.

Movement through the Population - 2

Questions.....

After having the participants select their own cup (if someone passes a cup to them then it really isn't their fluid of choice)....

Does your fluid look suspicious?

Does it smell funny?

Look different than your neighbors?

Do you feel that you've made a good choice in selecting a fluid that will represent your health status well?

After sharing with three other participants

What was your basis for choosing the people you would share fluids with?

Does your fluid look "infected" now?

Anybody feeling like a 'risk-taker'?

Were any of you abstinent? (one person has an infected fluid in their cup).

Knowing that one of you is infected, and assuming that you are the one....how do you feel about having shared your infection with others?

After testing the cups....

Three options can be played out.

- 1) If the cups were numbered ahead of time on the bottom, you can trace the infection back to the infected cup by doing a transmission chart.
- 2) Do nothing....because in real life can you really tell who is HIV-positive?
- 3) Determine who was involved in the **initial transmission** of infected fluid by asking the following questions:

Everybody who has an infected fluid take two steps into the center of the circle (or stand up if using a classroom seating arrangement).

If there is someone standing on the circle behind you, that you shared with, you too may join the circle. (Rationale is if they're not infected then your cup wasn't the source of infection).

Is the person you "first" shared fluids with standing on the circle now? You may join them.

At this point you will always have only two people left in the center of the circle – they were the **initial transmission of infection**. You can only know whom the **infected source** was by watching who picks up the infected cup.

What were your feelings as you moved around the room to share your fluid? How many people ended up being infected from just one infected source?

Myths And Misinformation

Objectives:

1. Students will be able to identify some of the common myths associated with HIV infection and AIDS.
2. Students will be able to articulate accurate and factual responses when presented with myths and misinformation associated with HIV infection and AIDS.

Estimated Time:

25 minutes, or more if an A/V is used

Materials:

- Myths and Misinformation (M/M) Dialogue Cards
Magazine pictures of pairs of adolescents pasted on colored 11" x 14" posterboard cards, one pair per card. Under each pair write "He (or She) Says" with one M/M statement. Use statements you have heard articulated by your students and or some from the sample texts accompanying this lesson. Underneath the M/M statement, write another "He (or She) Says" and leave the rest of the card blank.
- Markers
- Smaller sheets of blank paper for responses to statements
- Masking tape, or reusable adhesive
- (Optional). An A/V of your choice that addresses myths regarding HIV infection. (See A/V section of this guide, pp. 55-59.)

Rationale:

Currently, there are many myths and misconceptions associated with HIV and AIDS circulating among young people. Many of these myths are passed around from one person to another and are never challenged by the person who hears these myths or bits of misinformation. Unknowingly, students perpetuate negative or untrue statements without even realizing what they are doing. These myths remain unchallenged due to lack of factual information regarding HIV infection. As the disease becomes more prevalent in society at large, it is likely that one or more students in a class will know or live with someone who is infected with HIV or has AIDS. Thus, it is vital, that students be sensitized to the cruelty that people with AIDS and their families experience when society perpetuates these myths. Belief in these myths also decreases students' own ability to prevent contracting HIV infection.

Procedure:

1. Introduce the lesson by explaining that today's class will be devoted to talking about myths and misconceptions surrounding HIV infection. Ask someone to give the definition of a myth. Ask for example to illustrate what a myth might be (e.g. belief in the "tooth fairy" or in the "stork" that brings babies to new parents).
2. Explore the reasons why myths exist.

Possible Discussion Questions:

- In what ways can myths be helpful to people?
 - In what ways can myths be harmful?
3. Discuss the fact that myths and misinformation sometimes show up in people's daily conversations.

Myths & Misinformation - 2

Possible Discussion Questions:

- What have you heard in people's conversations that you suspect might be a myth or misconception about AIDS/HIV?
 - Why do you think myths and misinformation about AIDS/HIV have developed?
4. Next, divide the class into small groups. Distribute to each group the M/M/ dialogue cards with blank response sheets in equal numbers, plus a marker and tape or adhesive. Depending upon the number of students and M/M dialogue cards you have, you may decide to give each group more than one card to write a rebuttal statement for. You might also choose to give the same cards to a few of the groups and compare the rebuttal statements formulated by each group.
 5. Ask that each group select a "scribe" who will be responsible for writing the group's responses on the blank sheets. Instruct the scribe to read aloud the myth statement(s) on the dialogue card(s) to the group. It is the group's task to formulate a "rebuttal" statement that will address each myth or misconception regarding HIV infection. The scribe will attach the group's response to the bottom of the card.
 6. When the students have completed the assignment, ask the scribe from one group to read aloud that group's M/M statement(s) along with the group's responses. Encourage suggestions from the rest of the class for other possible rebuttals to each statement. Continue until all the statements have been explored.

(Optional Lesson Extension)

7. Show the beginning segment, or all, of the audio-visual "AIDS: Taking Action," or another audio-visual of your choice that illustrates common myths and/or misinformation about HIV. Ask students to listen for any examples of myths or misinformation about HIV infection that appear in the A/V. Have students write down the myths that they hear while they watch.
8. Discuss the examples of myths that students heard during the A/V. Are there any that were not addressed in the dialogue card group work? Brainstorm as a group what a reply might be to someone who vocalized those additional myths.

Follow-up Activities:

You may wish to have your students decide which bits of myths and misinformation are most prevalent in their school or community. Then, using magazine pictures or hand-drawn pictures, they could design posters that "fight" HIV myths. Posters can be used for classroom, school-wide, or community display.

Or:

Students could use magazine or hand-drawn pictures to create their own "He Says" and "She Says" posters for the myths they've identified from their environment, or from the A/V they viewed. Have students glue the pictures on the posterboard showing one person "saying" the myth. Instruct students to write a rebuttal statement for the myth statement. Students may wish to use the "bubble" format, with words appearing inside a shape above the speaking person's head.

Primary Developer: Girta Acton

Sample Texts for Myths & Misinformation Dialogue Cards

HE SAYS: I don't worry about sitting next to someone who might have AIDS. You can always tell when someone has AIDS because they are real skinny and have blotches all over their face.

SHE SAYS:

SHE SAYS: I won't use the knives or forks in the cafeteria anymore. Someone with HIV infection might have used them.

HE SAYS:

HE SAYS: When I get married, I'm going to make sure my wife has the AIDS test. That way, I'll know for sure if she's infected or not.

SHE SAYS:

SHE SAYS: My mother's company is having a blood drive today. She says she's not going to give blood because you can get AIDS from the needles they use.

HE SAYS:

SHE SAYS: I only share needles with my closest friends. I know they aren't infected with the HIV. They all are healthy and haven't been sick this winter.

HE SAYS:

SHE SAYS: My boyfriend and I only "fool around." We only have oral sex, not regular intercourse. That way I can be sure that I won't get pregnant, get an infection, or get AIDS.

HE SAYS:

HE SAYS: I don't need to worry about AIDS...girls can't give it to guys.

SHE SAYS:

SHE SAYS: I only shake hands with people that I know from school.

HE SAYS:

Name-Calling

Students read or play out the scenario and respond to questions posed by the teacher.

-----■-----■-----■-----■-----■-----■-----■-----■-----■-----■-----■-----

As usual, Carmen, Luis, and Eddie are sitting around together in the cafeteria, hoping the bell for the next class never rings. They see Ray across the room coming toward them!

Carmen: Uh-oh, Luis, here comes your good friend Ray.

Eddie: Where? (He turns.) Oh yeah. Say hey, gay Ray.

Luis: Cut the crap now, you guys. Why don't you leave him alone?

Carmen: I think you should leave him alone, Luis. People might start talking, you know?

Luis: You're really too much, you know that? (As Ray approaches the table) How you doing, Ray?

Ray: I guess I've been better, but I'm okay. How are you guys?

Eddie: You got a cold or something, Ray? You don't look so good.

Ray: You know, some kind of bug, the usual winter flu or something.

Carmen: You should take care of that, Ray, make sure it doesn't lead to something worse. Much worse.

Eddie: Yeah, you know, get to bed early, no cruising for a week.

Ray: What are you guys talking about? It's just a cold, it's no big thing. Luis, I wanted to know if you were going to that dance Friday night: maybe I'll go down there with you.

Luis: I don't know yet, Ray, I'll let you know.

Eddie: I don't think you want to be going to any dance, Ray, in your condition.

Luis: I'll talk to you about it later in the week, okay?

(The bell rings)

Ray: Okay, Luis. See you guys later. (Ray leaves.)

Eddie: I'm not kidding, Luis, I bet he has AIDS.

Carmen: Me too. You better stay away from him, Luis, or you'll get it too.

Luis: What are you two talking about? You're really reaching a new low. Number one, you don't know if he's gay, you have no reason to think so, so you shouldn't say

Name Calling - 2

anything about it. Number two, if he is, it's his business, no yours. And number three, people die of AIDS, gay and straight, and you don't joke about it or toss it around like that. It's serious, man, and you don't even know how people get it.

People hear that kind of nonsense, the next thing you know they'll be up in arms to keep people out of school, put people with AIDS in special camps, everything.

Eddie: Listen to the righteous man!

Carmen: Maybe he's not righteous, maybe he's really worried. Here we are kidding him about Ray; maybe he knows more than he tells.

Luis: Oh, that's just great! Now he's gay, I'm gay, we both have AIDS, and it's all a big joke. (He gets up to leave, and Carmen and Eddie follow.)

Eddie: It's no joke, man, not to me. My uncle has it, from drugs. So don't get on your high horse to me.

Luis: Then check him out, Eddie, and after that check yourself out. Just don't go spreading stories about Ray, and don't use AIDS for a joke. You think it's just words, man, what harm can it do? I'll tell you one thing: people have said a lot of words about Latinos over the years, and you better believe those words have done us harm.

Carmen: Okay, Luis, calm down, don't get so excited. We still friends?

Luis: (Smiles) Sure. But there are things worth getting worked up about.

Out of This Place Now

Purpose

To help students recognize circumstances that may lead to unwanted sexual situations.

Time

45 minutes

Materials/Preparation

Copies of the case studies for each student

Sheets of newsprint for each group of 5 students

Procedure

1. Suggest to students that throughout life, people find themselves in situations that may not be comfortable, e.g. starting a new school or going to a party where you do not know the other people. Sometimes these situations are safe and other times they may not be.
2. Have class brainstorm situations where they may feel uncomfortable or unsafe.
3. Ask students to identify those situations that may be unsafe, e.g. being at a party where drugs or alcohol are being used or riding in a car with someone who has been drinking.
4. Lead a discussion with the following:
 - a. How do you know if a situation is unsafe as opposed to just being uncomfortable?
 - b. How do you avoid getting into these situations?
5. Divide the class into groups of 5 students and instruct each group to select a reader, a recorder, a facilitator, a timekeeper and a reporter (explain each role). Each group will be assigned one case study.
6. Tell students they will read a case study and decide what choices the character has in the situation. For each choice, they will record the possible consequences or outcomes. Allow 15 minutes.
7. Draw the following chart on the board:

<u>Choices</u>	<u>Consequences</u>
1.	1a
	1b
2.	2a
	2b
3.	3a
	3b

8. Distribute the case studies so each group gets one and have groups discuss the assigned situation. Ask the recorder to write the group's responses on a large sheet of newsprint using the format of the chart on the board.

Out of This Place Now - 2

9. Reconvene the class and have each reporter explain their group's situation and list of choices and consequences.
10. Have students make a list of guidelines for staying out of situations that might lead to having sex.

Summary

Explain that people always need to be aware of the potential for problems in the places they go and things they do. Wise people consider that before getting into a situation.

Reinforcement

1. Homework idea – Send the case studies and list guidelines home with students to discuss with their parents.
2. Discuss television shows and films that are popular with your students. Encourage them to think through how the lead characters might have avoided getting into the situation that became problematic.

Password Plus

Three teams of two players each sit facing each other. Stand with the “word to be guessed” behind the side that is going to be guessing the term. Show the word to the other three. Each player can use clues that are a) one word and b) no form of the word to be guessed.

Terms are:

- Homophobia
- Acceptance
- Gender
- Diversity
- Isolation
- Self-esteem
- HIV/AIDS
- Tolerance
- Harassment
- Substance abuse
- Sexual orientation
- Suicide
- Latex
- Alcohol
- Antibodies
- Drugs
- Blood
- Mosquitoes
- Needles
- Chlamydia
- Peer pressure
- Abstinence

Peer Pressure Relay

Purpose

To review a variety of ways to refuse peer pressure. To practice refusal skills.

Time

30 minutes

Materials/Preparation

Newsprint and markers.

Procedure

1. As a review, brainstorm a variety of ways to refuse peer pressure and list on newsprint. For example, saying 'no', suggest something else, make an excuse, walk away, etc.
2. Brainstorm a list of trouble situations that a peer or older teen may try to talk them into. List on newsprint.
3. Set up a Relay Role Play. Ask for 8-10 volunteers to come to the front of the room. Form two lines with students facing each other.
4. Explain that students in the line on the left will take turns pressuring the students on the right. They can use the trouble situations listed or use one of their own. The students on the right will refuse the pressure. They can use the list of ways brainstormed in step 1. Demonstrate with one of the students at the front of the line.
5. Begin the relay. When each pair has practiced they go to the end of the line. Repeat the process until everyone practices twice.
6. If time allows ask for another set of students to participate in the relay.
7. Ask students for examples of when they have used these refusal skills in the last few weeks.

Classroom Tips

If space allows the class could be divided into several small groups and they could simultaneously do the relay.

Peer Pressure Reversal

Purpose

To incorporate refusal skills into the *STAR* decision making model and to provide students the opportunity to practice using peer pressure reversal in trouble situations.

Time

45 minutes

Materials/Preparation

Collect props for role-plays (optional).

Copy ten sets of three role-play cards labeled "I'm Being Pressured", "I'm Pressuring" and "I'm Observing."

Procedure

1. Suggest that much is said about "peer pressure" being the major cause for young people having sex, using drugs, drinking, smoking. That when they were younger, it may have been a strong influence on how they behaved; or they may have used "peer pressure" to get other kids to join them in some activity.

Now they probably feel better able to cope with this pressure because they are surer of themselves and have had practice. Still, for adults as well as teens, there are times when it is hard to say no to a friend or an older person. In the next activity they'll have a chance to practice saying 'no' in tough situations.

2. Brainstorm trouble situations that peers or older teens may try to talk them into. List on the board.
3. Suggest that there are some ways to help in saying 'no'. Write the four steps of *STAR* on the board.
 - a. *Stop* – check out the scene. Does it spell trouble? Does it break a law? Will it make an authority angry?
 - b. *THINK* – make a decision that's good for your welfare. Weigh both sides (pros and cons). Decide Stop or Go.
 - c. *ACT* – say 'no' in any way that will get you out of a situation that isn't in your best interest. This can apply to things that aren't harmful, but you just aren't interested in; give examples from their list.
 - d. *REVIEW* – afterwards ask whether your actions got the results that were best for you. Was there a better way to try in the event the problem arises again?
4. Ask students for ways they say 'no'. List on the board beside the trouble situations list. It should include: just say 'no', walk away, make an excuse, etc.
5. Have a student try to pressure you into lending him/her your car. If the student has trouble in that role, call time out and ask for other students to give suggestions for applying pressure. Then resume the role-play. Hint: unless your group is accustomed to role-playing, you will need to demonstrate a role-play.
6. Divide students into groups of three to role-play, applying the *STAR* steps and saying 'no' to one of the situations on their list.

Peer Pressure Reversal - 2

7. Ask students to think of a pressure situation that might be difficult for them to refuse; they can use the list on the board. Explain that when it is their turn to be pressured, they will ask the pressurer to use this situation. Allow two minutes to think of a pressure situation.
8. Explain each of the roles:
 - “I’m Being Pressured” – is the person being pressured into a trouble situation. This person will use their favorite technique of saying ‘no’ to ward off the pressure.
 - “I’m Pressuring” – is the person applying the pressure. They will use all his/her skill to pressure “I’m Being Pressured” into the trouble situation selected by “I’m Being Pressured.”
 - “I’m Observing” – is the person who observes the interaction, looking for ways that “I’m Being Pressured” said no to avoid trouble.
9. Distribute role-play cards to each group and have students select roles for first round of role-play. Remind students that everyone will get a chance to play all roles. Ask if everyone is clear on which role they will play for Round 1. Allow 2 minutes to practice their pressure situations.
10. Call time and have Observers give feedback to “I’m Being Pressured” on how effectively they said ‘no.’ Reward all efforts.
11. Have students switch roles and repeat steps 8 and 9 for the second and third rounds.
12. Ask students what it felt like to play each of the roles. Ask who were the “I’m Being Pressured” students who were able to get out of the pressure situations in 30 seconds or less.

Summary

Tell students that friends are very important in life. Pressure situations can be both positive and negative. When friends pressure others into unwanted situations, the *STAR* steps can be applied. There are many ways to say no and different situations may call for different techniques. In any situation students can choose the refusal technique that works best for them.

Reinforcement

See “How to Say No and Keep Your Friends” by Sharon Scott for additional ideas for teaching refusal skills.

Developed from: Sharon Scott, *Peer Pressure Reversal*.
Human Resources development Publications, Amherst, MA, 1985

Copyright: ETR Associates, 1989

Perceived Risk

Purpose

To help students identify and acknowledge personal risk taking behaviors.

Time

45 minutes

Materials/Preparation

List steps from Procedure #5 on board or newsprint.

Procedure

1. Suggest that acknowledging how we endanger our life or health by our behavior is difficult. We tend to deny; to believe “it won’t happen to me.”
2. Brainstorm life or health threatening risks that people take.
3. Brainstorm a list of reasons why people take risks. Point out that their reasons are the “benefits” of taking the risks.
4. Have each student make a list of the risks he/she takes.
5. Have each student:
 - a. Identify one risk behavior
 - b. Write 3 “If I ...” statements (see example below)
 - c. List the ‘benefits’ of continuing their risk behavior
 - d. Identify another way to get these benefits

Example: If I didn’t do my homework I’ll get a bad grade. If I don’t do my homework my parents will be angry with me. If I don’t do my homework I may look stupid in class. Allow 7-10 minutes.

6. Reconvene group and ask for volunteers to share what they’ve written.
7. Lead a discussion with the following:
 - a. Why do people continue to take risks that they know are unhealthy or dangerous?
 - b. Suggest that most people go through life believing “it won’t happen to me.” Quote local statistics of fatalities from auto accidents and suggest that most of these people also felt “it won’t happen to me.” Remind class of people they know who were hurt or died as a result of drunk or reckless driving. (This must be done of course, with care and sensitivity.) Suggest this is also true for people who smoke, use drugs, and ignore their health and diet.
 - c. If people take a risk because “it’s fun” or “it’s exciting” or “it feels good”, are there other safer ways to get the same benefits? What are some of them?

Perceived Risk – 2

Summary

Acknowledge that risky behavior can be romantic and exciting, but there are other ways to take risks that require real courage but aren't life or health threatening. Ask students for examples; i.e. performing in front of groups, learning high diving, joining a new group of people doing almost anything that is new and is not something "everybody does."

Reinforcement

1. Have students do the process in step 5 for a risk behavior they would be willing to give up.
2. Work with faculty and administration to set up support groups for students wanting to change high-risk behavior.
3. Help students form a committee to lobby community agencies to develop more activities for young people.

Pictionary

Purpose

To teach the various ways that HIV is and is not transmitted, using discussion and an exercise. The activity model is pictionary.

Time

30 minutes

Materials

4-5 Easels (placed back to back; one per group of 5) and markers

Index cards with printed clues (kissing, hugging, drinking from a water fountain, injecting drugs, getting a tattoo, unprotected sex, blood, sharing a toothbrush, sharing silverware, sharing sweaty clothing, coughing, and sneezing).

Introduction

Introduce the lesson with a discussion of HIV transmission routes. Before using this activity, several lessons should have been devoted to HIV transmission to get participants familiar with the terms.

Procedure

Introduce or review ways in which HIV is transmitted and ways that it is not. Allow time for thorough discussion. Use of audio-visual aids or other props recommended.

Break into groups of 5 for playing pictionary.

Have clues ready for students.

When one group gets the correct answer, take a moment to discuss the meaning of the clue or term and clarify why it is or is not a route of transmission.

Summary

Introduce methods by which the HIV is transmitted and is not transmitted.

Play pictionary using terms discussed.

Power Shuffle

Rules of the Power Shuffle

The goal of the power shuffle is to enable participants to experience first hand what it feels like to be in a “targeted” group. This exercise is used in sensitivity or consciousness raising sessions particularly in emphasizing stereotypes and labels. Be creative and make up your own categories for “targeted” groups which will fit your age group and type of group in your session. However, it is important to leave in the different racial groups every time as this alone makes an extremely powerful statement.

Explain basic structure – The room will be divided into two parts with an imaginary line down the middle. The Group Leader will stand in the middle and everyone in the audience/classroom will start out on one side of the room, which is identified as the “untargeted” side of the room. As their grouping or category is called out they should move to the “targeted” side of the room. The Right to Pass should be an option because of people’s safety issues, but stress that participants shouldn’t use this as a cop-out. The purpose of the exercise is to challenge people and ask your audience to accept the challenge. Remind participants about confidentiality for this exercise! What happens in this room, stays in this room.

Stress the No Talking rule – this is important! The exercise won’t work well if participants are allowed to talk and interact verbally with each other during the session. Tell them they will have lots of time to talk about it after the whole exercise is over.

How to say it *each time*:

I would like to ask _____ to move to the targeted side of the room.

Will the targeted group please look around at each other? See who is there? Who is there for you? Who is your support? Who can you depend on?

Will the untargeted group please look at each other? Who is there? Who is there for you? Who is your support? Who can you depend on?

Will the targeted group and the untargeted group look at each other? Who is in the other group? Who are they? What do they look like? Who is there for you?

I would like to ask the targeted group to move back to the untargeted area.

Possible groups to target:

1. People who grew up in a rural community (own definition)
2. People who are left-handed
3. People who grew up poor
4. All women
5. All single parents – now or ever
6. All those who are over 40
7. Norwegians or other predominant ethnic group from the area
8. College educated
9. Catholics (or use any other religious group which may be oppressed or is likely to affect people in this particular geographic group or area.)
10. All those in recovery (own definition)
11. Black or African Americans

Power Shuffle - 2

12. Hispanic or Latinos
13. Native Americans
14. Asians
15. “Completely proud” to be female or “completely proud” to be male
16. Pacifists – at any time
17. Anyone who was picked on, teased or singled out for being different when you were a child
18. Feminists
19. Anyone with a life threatening illness
20. Victim of any kind of abuse – physical, sexual, emotional
21. Victim of a violent crime/ or victim of any crime
22. Bisexual or homosexual
23. Disabled in any way
24. Anything else you can think of to use as a targeted group is acceptable. These are not necessarily in the order I would use them. The idea is to move from least threatening to most threatening as the exercise is carried out. Starting with “rural areas”, “left-handed”, etc. are fairly non-threatening. You will want to end with things like sexual orientation (if you are using it); disabled; people of color; abuse victims; etc. or in other words the things which have most likely been the most difficult for people to deal with or which have resulted in the most oppression. Unless it is a really open group free of a lot of homophobia, I would not end with homosexual or bisexual, as it will stick in everyone’s mind if it is the last thing done. Have it about 2 or 3 from the end if you are using it. In some groups you won’t want to use it at all because of the safety issues. In a group in which you are not using homosexual or bisexual, you can use “all those who would be comfortable dancing with someone of the same sex or holding hands or putting an arm around someone of the same sex.” This will push all the homophobia buttons and still get a good point across about sexual orientation. Someone is likely to say something about the fear of being gay or being labeled gay about this one during the discussion.

In the event you call on a targeted group and NO ONE in your audience moves to the targeted side of the room, it is important to continue reading through the entire exercise and looking over at that group as if people were actually there. This sometimes happens with homogeneous groups that there will not be any Native Americans or any Blacks or Asians. It has an incredibly strong impact to use all of the ethnic groups and always react as if someone was indeed in the targeted group.

Discussion

Following the exercise one or two facilitators should lead a discussion with the participants. If they seem hesitant to begin talking about the experience, you should have some discussion questions ready. The following are just a few examples of leading questions you could use to get the discussion started.

1. How did you feel doing this exercise?
2. What did it feel like to be in a “targeted” group or “untargeted” group?
3. What reactions did you have to certain groups or labels? Can elaborate on certain ones.
4. What did you think of the word “targeted” by the end of the exercise?
5. What did this exercise teach you about labels and stereotypes?
6. What surprised you the most?
7. Were some groupings or categories difficult for you?

“Stereotypes, Labels and ‘-isms”
Adult Institute – Linda Wood presenter.

Pretend Visible Germs

Objective: Encourage the importance of frequent hand washing.
Model that the HIV “germ” is not a skin germ.
Fun!

Set Up: Check students for wheat allergies
Prepare 4 large dark colored balloons (15 inches or bigger)
Check to see if students are allowed to sit on desktops
A large flat covered container for flour storage

Procedure: Explain to students safe desk sitting techniques ☺
1. No one will be allowed to get off desk
2. Only the teacher can retrieve balloons out of range
3. Play continues until a whistle stop (or other signal)

Teacher will allow the students to place each hand into the flour explaining that the flour is not a real germ, but that it is a pretend visible skin germ. Germs are normally so small that you cannot see them even though they are there – everywhere.

Then bring out the inflated dark colored balloons and introduce each balloon. One balloon forgot to wash after using bathroom, before eating, before bedtime, or after play. “Let’s see if they have picked up any germs today?”

After bantering the balloons around the room teacher collects them and quizzes students:

- Did the balloon that forgot to wash after play, bathroom, before sleep and eat have germs on it? Yep!
- Do you suppose the AIDS germ is on the balloon? No, because the AIDS germ is not a skin germ. It is a blood germ and we don’t mix bloods at school so we will not get AIDS at school.
- Where is the safe place to mix bloods? Hospital.
- Will we find a way to stop the AIDS germ? Yes! Doctors and Scientists have been working all over the world to find a way to stop the AIDS germ.
- Do kids get the AIDS germ? Yes, but it is not because they did anything wrong. The AIDS germ just got into their blood.
- If you bleed will you get the AIDS germ? No! Because we know how to take care of “Bleeds” safely so no germs will get inside.
- Have your moms and dads learned about the AIDS germ? Yes! Because they love you and want to stay healthy for you

Then make time for hand washing.

This activity comes from a video entitled “Thumbs Up For Kids”. I use the video in conjunction with the activity. The game is demonstrated for you and the students. A simple activity but very much remembered by the students.

Pretzel

Purpose

To enhance group trust and to build communication and problem-solving skills.

Time

15 minutes

Introduction

Explain that sometimes we are presented with problems that we cannot solve on our own without discussing them with others. This is especially true when problems involve our personal relationships. The following activity is designed both to build trust and to explore the communication skills needed if we are to successfully work out the more “knotty” problems we may face in a relationship.

Procedure

1. Students form small circles in groups of eight.
2. Students reach across the circle with their right hands and join hands with someone else.
3. Students reach across the circle again and join *someone different* using their left hands.
4. At this point students should find themselves twisted into one large pretzel. Their task is now to try to unwind their “pretzel,” forming one large circle again. Groups are not allowed any verbal communication at this point in the exercise.
5. After five minutes have passed, groups, which have not yet successfully unwound themselves, are allowed to continue with their task, however this time verbal communication is allowed.

(*CLUES:* Students will end up with one large or two small circles in which each person is standing between the people whose hands they are holding. It’s best if everyone doesn’t move at once and it is much easier for the group to bend down and allow someone to step over hands instead of raising hands over someone.)

Summary

Discuss the differences between the periods when groups were and were not allowed to talk to one another. What communication skills seemed to be most valuable in solving the puzzle? How might students apply what they have just learned to their relationships, including negotiating sexual activity with romantic partners? Wrap-up by reiterating the major points made by participants during the summary discussion.

Prevention Baseball

Purpose

To review or introduce the facts about HIV/AIDS in an enjoyable manner.

Time

30-60 minutes

Introduction

Inform students that you'll be playing a new type of baseball, one designed to help them review all of the information they've been studying during the unit. Tell them that you'll be dividing them into teams, and that as they come up to bat, a correct answer will equal moving around the bases. (Provide as much baseball equipment as possible – the more “real” the game is the more fun it is for students. One teacher even provides peanuts and popcorn!)

Procedure

1. Set the ground rules; for the game can get out of hand.
2. Divide the group into two teams, letting them choose their team name, or assigning one.
3. As students “come up to bat” they draw questions out of a container, trying to answer them. The questions, which are prepared ahead of time, should be ranked in their order of difficulty and marked as a single, double, or tripe hit or a home run. If a student misses a question, give the right answer. The missed question counts as an out (allow one or more.)
4. As students answer their questions, they move around the diamond. They can do this physically, using marked bases on the floor, or the game can be marked on the board.

Privacy: Who Would You Tell?

Purpose

To help students feel comfortable exercising the right to pass and respecting other peoples' right to pass.

Time

30 minutes

Materials/Preparation

Copy of "Who Would You Tell" worksheet for each student.

Develop a list of situations that might be embarrassing to your students (see examples on next page).

Write these situations in the left hand column of the student worksheet, "Who Would You Tell" and make a copy for each student.

Draw the chart headings and columns on the board to use in giving directions and to tally the results.

Procedure

1. Explain to students that they will be doing an activity that will have them think about the right to pass and how important it is for them to feel free to use that right.
2. Distribute the worksheets to students; instruct them not to put their names on the paper. This is to be an anonymous activity.
3. Direct students to indicate who they would tell about the situation in the left-hand column by placing a check mark in the appropriate column on the right. Demonstrate this on the board. Allow 8-10 minutes.
4. Remind students their papers should not have their names on them.
5. Collect papers, shuffle them and redistribute to the class.
6. Tally the responses by show of hands and record the results on the board.
7. Lead discussion with the following:
 - a. Do people have different views about what they're willing to share with everyone?
 - b. Do some people feel private about things that make them proud?
 - c. Are some topics judged by a lot of people not appropriate to share with the whole class?
 - d. Is it all right to keep something private that other people feel is nothing private?
 - e. Do you always need to answer a friend's question?

Privacy: Who Would You Tell?

Summary

Explain that people have different standards of privacy about what to share of their personal lives. Some people enjoy putting it 'out there' – to be open, sharing. Others have a sense of personal privacy that monitors what they share about their lives. One is not better than the other.

Encourage students to exercise their right to pass when asked a question they consider too personal and to support others in their right to pass. Tell them you will also be exercising the right to pass.

Reinforcement

1. Homework idea: Distribute blank copies of the worksheet and have students list some things their parents might feel are private. Leave some spaces blank for issues to be added later. Have them discuss the list with their parents sharing their respective ideas about what is private and who would be appropriate to tell. The parents can add additional issues.
2. Support students when they choose to pass.
3. Model the right to pass as a teacher.

Sample Situations

- A very embarrassing incident
- A time when you were very proud of yourself
- Who you love
- That you got an F on a test
- That you got an A on a test
- Your favorite song
- Something you like about yourself
- What you think you do very well
- What church or synagogue you go to
- How you'd vote on a school issue
- That your parents are getting a divorce
- What you believe about _____. (fill in a controversial issue)
- That your parents had an argument this morning
- What you want to do when you get out of school

Who Would You Tell?

Read each situation in the left hand column. Indicate who you would tell by placing a check mark in the appropriate column to the right.

Situation	No-one	Family only	Best friend only	Whole class

Question Box (Difficult Questions)

Materials

On identical index cards, have prepared questions regarding HIV/AIDS, sexuality or other questions about sex/anatomy in general. Option: Let all the participants write down one question they have been asked as a teacher. Collect the index cards.

Procedure

Distribute the index cards with a difficult question on them to the participants. Participants will break into groups of three. Each person will be asked to answer the question asked on their index card. Each person receives constructive feedback/criticism from other group members. The procedure is repeated for all members in the group.

Summary

After the initial activity, participants will discuss how it felt to be in the hot seat, how it felt to be unprepared, and how each could make this experience less stressful.

Techniques that can be used to make this less stressful are:

- a. Tell students you will answer their questions during the next class period. This will allow for research to questions and will diminish the 'shock effect' the student may be trying to achieve.
- b. If you are answering questions the day the students submit them, you can always pass on a question with a comment like "We've already answered this question" or bluff an answer/comment, or honestly tell them you'll answer their question after you research or get up-to-date facts.

Refusal Skills

No matter how old a person is, he or she cares about what people think. Adolescents care very deeply because they are at a stage of development when their needs to belong and be accepted far outweigh their need to be independent. People fear that saying no will lead to the loss of a friendship or relationship. Good refusal skills enable one to give verbal and nonverbal messages that clearly say **no** and yet do not jeopardize existing relationships.

Clear “No” Messages

Giving a clear “no” message is easier said than done. A soft, non-assertive no with conflicting body language, will not work under repeated pressure to have sex, use drugs or engage in other health-compromising behaviors.

Clear refusals include several components:

1. The person must say “no.” No series of words can replace the word “no.”
2. The person’s body language must support the “no” message (e.g. serious expression, strong voice, face and arm movements that emphasize the message, turning the body away, walking away).
3. If necessary, the person should repeat the refusal. Pressure situations often require saying no many times before the message is accepted.
4. The refusal should be kept as simple as possible. In other words, the person does not have to explain why he or she does not want to do something.

Fogging Statements

Very often young people are put down or made fun of because they do not want to do what their friends want them to do. Fogging statements use agreement or humor to maintain control over a situation by keeping the discussion positive.

For example, if a young woman says, “You won’t have sex with me because you only think of yourself,” her partner might respond, “Yes, I may seem selfish, but I am not doing it to be mean to you.” Or one teen might say, “You won’t try these drugs because you are chicken.” The other teen could respond (making chicken noises), “Yep, that’s me, just a chicken” or “Sure, I’m a chicken. Do you have any idea what those drugs can do to a person?”

Delaying Statements

Students in a pressure situation who are unable to make a decision about what they want to do or say can use delaying tactics. A common delaying tactic is pretending not to hear what was said or changing the subject.

Phrases, such as “I’ll need to think about that” or “I’m not ready to make that decision now,” can provide additional time to think about positive and negative consequences of the behavior and time to think about and practice a response, should the pressure situation arise again.

Alternative Actions

Another way of dealing with pressure situations that allows additional time for decision making involves suggesting an alternative activity.

If one person wants to go to the park to smoke marijuana, the other person might suggest going to the movies. Or if one person wants to have sex, the other might suggest going for a walk or getting something to eat.

Refusal Skills

Purpose

To teach students how to use refusal skills while also keeping their friends, having fun and staying out of trouble.

Time

60 minutes

Materials

Outline of refusal skills on handouts or board
Butcher paper and markers

Introduction

Explain that refusal skills involve more than just “saying no” to friends. When used properly, they allow people to stay in control of situations and still keep friendships which are important to them.

Procedure

1. Ask students to generate a list of things friends might pressure them to do which could be potentially troublesome for them.
2. Introduce the following refusal skills model, giving examples of how it can be used to deal with one of the situations mentioned by the students:
ASK QUESTIONS. “What are we going to do there?”, “Do you have any money?”, etc.
NAME THE TROUBLE by describing what you feel to be problematic about the suggestion.
Identify the consequences by describing what might happen if you follow the suggestion.
SUGGEST AN ALTERNATIVE to the proposed activity that would be safer and still be fun.
MOVE IT, SELL IT, AND LEAVE THE DOOR OPEN. If your friends still want to do it, let them know how you feel and what you’ll be doing instead. Invite them to join you if they change their minds.
3. Also discuss these additional skills as being helpful when under pressure:
 - a. Stay calm.
 - b. Say the person’s name and make eye contact.
 - c. Say, “Listen to me.”
 - d. Pause and then continue using the skill.
4. Divide the class into small groups, and ask each to choose a situation to practice role-playing within the group. Students may then present their more finished “skits” to the whole class if time allows. If doing this activity within the context of a unit on HIV, students should choose situations that involve potential sexual activities.
5. If possible, videotape the role-plays in order to provide additional reinforcement.

Summary

In summarizing, point out what students did well. Discuss how these skills would translate to real life situations.

Salt Lake City, UT 4/91

Refusal Skills – 2

Ways to Say “No”

For each statement below, write two one-line refusals.

Statement: Everyone is doing it.

Refusals: _____

Statement: If you really loved me, you’d have sex with me.

Refusals: _____

Statement: I bought you dinner and took you to a movie. You owe me.

Refusals: _____

Statement: If you won’t have sex with me, I’ll find someone who will.

Refusals: _____

Statement: Don’t be afraid, I’ll take care of everything.

Refusals: _____

Statement: Having sex with me will make you a real man/woman.

Refusals: _____

Statement: I promise I’ll pull out.

Refusals: _____

Refusal Skills – 3

Statement: You're so beautiful, I just can't control myself.

Refusals: _____

Statement: If you get pregnant, I'll marry you.

Refusals: _____

Statement: Come on, have a drink. It will loosen you up.

Refusals: _____

Statement: Try this marijuana, everyone is doing it.

Refusals: _____

Statement: It's painful for a guy to stop.

Refusals: _____

Statement: If you don't have sex with me, don't expect to see me anymore.

Refusals: _____

Statement: You know you want it as much as I do.

Refusals: _____

Statement: Don't you want to find out what it's like?

Refusals: _____

Statement: Can't you go to this party? Everyone who's anyone is going.

Refusals: _____

Risk Behavior Continuum

Materials needed:

Pre-made cards stating methods for preventing HIV-infection.

1. Each participant receives a card describing a method for preventing HIV/AIDS. The cards range from *most effective* to *least effective* way to prevent HIV.
2. The group works together to discuss their cards and decide which methods are most likely to protect them from HIV and which are least likely.
3. As the group is making decisions, they should line the cards up on the floor, so everyone can see them, in order from *most* to *least effective*.
4. At the end of this activity, go through the cards and discuss prevention methods. This activity has always generated a lot of discussion. Focus extra time as needed on those cards where there was any disagreement.

Cards:

Talking with your partner about HIV/AIDS Prevention
Abstinence
No needle use
Massage
Masturbation
Sex with the same partner when both are HIV negative
Latex barrier and spermicide every time you have oral, anal or vaginal sex.
Sex with different people but using latex barrier and spermicide
Clean needles with water and bleach
Condom every time you have sex
No needle sharing
Oral sex
Clean needles with alcohol
Unprotected sex

Risk Behaviors

Objective

Participants will increase their skill in comparing the relative risk of behaviors in the transmission of HIV.

Overview

This activity involves all participants in applying their knowledge about HIV transmission to determining the relative risk of various behaviors. Participants locate behaviors on a continuum of risk from safe to unsafe and discuss why certain behaviors are more risky than others.

Time

45 minutes

Materials and Preparation

Three white 5x7 index cards.

Packages of white, blue and pink 3x5 index cards and masking tape or sticky dough.

Draw 3 “stop lights” on 5x7 index cards in red, green and yellow. Selecting from the list of behaviors below, write the sexual behaviors that you want to include on white index cards (one behavior per card.)

Write the list of blood or other modes of transmission that you want to include on pink index cards (one behavior per card).

Place the “stoplights” along the wall to indicate a risk continuum from green to red. Be sure to use a wall that will permit participants free access to tape cards along it and that permits full viewing of the cards once they are all up. You may want to prepare rolled pieces of tape for sticking on the back of the cards to facilitate their placement on the wall. This will save a lot of time.

Key Points

- Typically there is no way to know a person’s risk status. Thus, regardless of how well you know your partner, behaviors such as unprotected intercourse must be considered high-risk.
- It is easier to identify those behaviors that are clearly safe (green) than to place other behaviors on the continuum from possible unsafe (yellow) to unsafe (red).

Procedure

1. Tell the group you are going to ask them to help you identify the relative amount of risk of HIV transmission associated with various behaviors.
2. Bring their attention to the red (unsafe), yellow (possibly unsafe) and green (safe) “stoplights” that represent points along a risk continuum.
3. Pass out the 3x5 index cards with behaviors written on them, enough for at least one per participant. Explain the color-coding for the cards (sexual, needle sharing and blood or other modes of transmission.)
4. Ask participants to determine the level of risk of their assigned behavior. Ask them to place their card somewhere along the wall from safe to unsafe.
5. Encourage participants to create additional risk behaviors, to write them down on extra (blank) index cards, and place those along the continuum.
6. When everyone has completed placing the cards along the wall, review each behavior and its place along the continuum. Ask for group consensus about where the card should be placed. Move behaviors as appropriate. Remind

Risk Behaviors - 2

participants of the ground rule – no judgment of others. Judgment about correct placement, however, is what this exercise is all about!

7. Once the behaviors are all correctly placed along the continuum, ask participants to look at the behaviors and privately consider whether they are doing any of these things.
8. Distribute the answer sheet attached. Note: the answers on the Risk Behaviors Answer Sheet are based on the latest scientific data. There may be different interpretations of what those behaviors imply and discussion in your group may lead to a different rating. This is fine as long as there is an accurate link between a clearly understood behavior and its relative risk.

Sometimes participants will want to know the exact placement of a behavior by its “percentage of risk.” Such absolute levels of risk are unknown. However, we do know that some behaviors put us at more risk than others. Thus, the point of this activity is to develop skill in evaluating relative risk.

Classroom Application

This activity can be used with students by following nearly identical procedures to those used during the teacher training. It is important, however, that teachers review the list of behaviors to be rated, and add or delete any which make it more appropriate for their classrooms. An alternative to using a predeveloped list is to ask students to generate their own list of behaviors (but be sure the basics are covered). Also, teachers might want to have students stand along the risk continuum rather than taping their cards to the wall.

Tips

- * Be sure not to leave a risk behavior incorrectly placed along the continuum, as “visual learners” may memorize this incorrect placement.
- * Heated discussion may emerge about the proper placement of a behavior along the risk continuum. End discussions when they seem repetitive or non-productive.
- * When asked to rate a behavior, participants may try to pressure you into indicating whether the partner is HIV positive or not. Avoid this trap. Real life dictates that we rarely ever know.

Summary of Risk Behaviors

Risky	Caution	Safe
Tattooing w/ unsterile equipment	Transfusions prior to 1985	Massage
	French kissing	No exchange of body fluids
	Mutual masturbation	Abstinence
Unprotected vaginal sex	Blood products prior to 1985	Dry kissing
IV drug sharing	Unprotected oral sex	Phone sex
Unprotected anal sex	Condoms	Reading romance novels
Cleaning a blood spill with ungloved hands	Condom w/water-based lubricant	Fantasizing
Ear piercing w/unsterile equipment	Dental dams	Masturbation
Using a condom twice	Artificial insemination	Hugging
Not wearing gloves when drawing blood	Infected mother to fetus	Non-genital sex play
Using an oil-based lubricant with a condom	Organ transplant prior to 1985	Watching X-rated movies
Cleaning an IV drug needle with water then using it	Going to swinging singles' parties	Transfusions after 1985
Wiping off an IV drug needle with a cloth then using it	Fore play	Holding hands
Multiple sex partners	Cleaning IV drug needle with bleach	Drinking from the same water fountain
Infected breast milk	Unsure of partners risk status	
Sharing steroid injections	Drinking alcohol or using drugs before having sex	
	Protected oral sex	

Saying “No”

“You act like saying no is easy.”

It isn't easy for anyone – grown-ups or kids – to say “no” to tempting but risky situations. But saying “no” is a skill, and if you practice that skill, it's easier.

“If I decide to say “no”, what should I do?”

Say “no” as soon as possible
Do not apologize for saying “no”. It's your right.
You do not need to give a reason. “No” is enough.
You do not have to respond to arguments and pressure – keeping saying “no”.
If you need to, leave the situation.

“Yeah, but what do I say?”

Practice some responses.
How would you respond if someone said to you:

Argument

Your Response

Everyone is doing it.

You would do it if you loved me.

Are you afraid?

Oh, grow up. You act like such a kid.

I know we're not supposed to. That's part of the fun.

If you don't say “yes”, I'm leaving.

Do you have a problem or something?

Come on. It'll be fun. Just try it.

Why do you say “no”? Nothing bad will happen.

.....

Twenty Ways to Say “No” to Sexual Involvement

.....

1. I don't want to have sexual intercourse now. I've decided to wait.
2. If I were going to have sexual intercourse with anyone, it would be with you. But I'm not going to do it now.
3. When you don't listen to what I've said, it really makes me angry.
4. I really care about you, but when you keep pressuring me it makes me feel that you don't care about my feelings.
5. Sure I wonder what sexual intercourse is like, but I'm not ready for it now.
6. I don't think everyone is doing it, but even if they are, I'm not.
7. It's not because of you; it's because of me. I want to wait.
8. I have enough pressure on me. I'm not ready for sexual intercourse, too.
9. Don't try to confuse what I'm saying. We're not talking about caring. We're talking about sexual intercourse, and I'm saying “No.”
10. If you loved me, you wouldn't pressure me.
11. You keep asking me to do something I don't want to do. It makes me feel like you don't care about how I feel.
12. The idea of sexual intercourse is exciting, but there's more to it than that and I'm not ready yet.
13. I said “No” and I meant it, and that's all there is to it.
14. The only sure way not to get pregnant is not to have sexual intercourse.
15. If I wanted to do it, I wouldn't be saying “No.”
16. Having sexual intercourse doesn't prove you're a man/woman. It's not for me right now.
17. _____
18. _____
19. _____
20. _____

Sexual Jeopardy!

Audience: 7-12; Adult

Time: 30-60 minutes

Purpose: To teach basic information about sexual health and sexuality in a positive manner.

Uses: 1. The game can be used as a pre/post test of sexual knowledge prior to or after an education program.
2. The game can be used as a tool for raising awareness as part of a conference or other event.

Materials Needed:

-A set of questions on sexual health subjects or categories.
-One noisemaker for each team.
-A chalkboard or flip chart for keeping score.
-Prizes (optional).

How to Play the Game:

1. Divide participants into teams made up of three.
2. Three teams are selected to play the first round. The team that answers the previous question correctly selects the next question. Award points to teams for correct answers and deduct points for incorrect answers----just like the TV show Jeopardy!
3. The team with the highest score at the end of the game advances to the next game, to be challenged by two new teams.
4. Questions are only limited by your imagination. One game is included.
5. Play ends after a set period of time or a set number of points or after asking all questions.

Notes: Timing of the questions is critical to using the game effectively as a teaching tool. Play the game quickly enough for it to be exciting, but slow enough so you can use a “teachable” moment to further explain a question.

Sexual Jeopardy!

Points	Birds and Bees	AIDS	Sexual Facts	General Health	Trivia
10	The gender that determines the sex of a baby. Who are males?	The acronym is AIDS. What is Acquired Immunodeficiency Syndrome?	During puberty, the general more likely to have pimples. What are males/boys?	The number of bones in the human skeleton. What is 206?	The drug that can enhance male sexual performance. What is Viagra?
20	After entering a woman's body, the length of time sperm can live. What is 48 hours?	The acronym is HIV. What is Human Immunodeficiency Virus	This term defines the onset of menstruation. What is menarche?	This is also known as the funny bone. What is the humerus?	The name of the White House dogs. Who are Barney and Spot?
30	The length of time it takes an egg to pass through the fallopian tube. What is 2 days?	The time it takes for HIV antibodies to develop to a detectable level. What is the window period?	The second most common form of cancer in males. What is prostate cancer?	This facial feature typically contains 550 hairs. What are eyebrows?	The name for Roy Roger's horse? What is Trigger?
40	The fetus develops in this organ. What is the uterus?	This medical term defines a stage with 'no symptoms.' What is asymptomatic?	Another term for nocturnal emissions. What are wet dreams?	The four tastes that can be distinguished by the human tongue. What are bitter, sweet, sour and salt?	A condition not present when Mel Tillis sings. What is stutter?
50	The age at which the baby's heart can be heard. What is 12 weeks?	These cells attack HIV when it enters the body. What is HIV?	This sexual problem is grounds for divorce in 24 states. What is impotence?	The human body's largest organ. What is skin?	The Beatle who was dubbed a knight? Who is Paul McCartney?

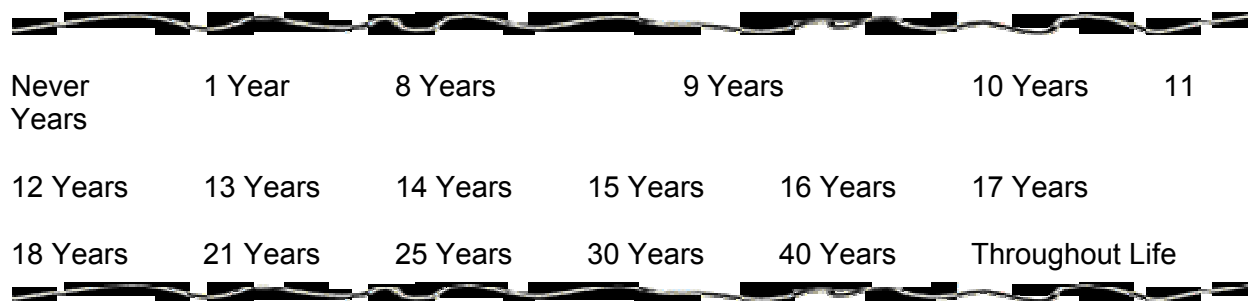
Sexual Jeopardy!

Points	Birds and Bees	AIDS	Sexual Facts	General Health	Trivia
20	Males produce these by the millions every day. What are sperm?	The four body fluids that can transmit HIV. What are blood, semen, vaginal secretions and breast milk?	Its acronym is STD. What are Sexually Transmitted Diseases?	A 100 lbs. person would have this amount of blood. What are 4 quarts?	The number of keys on a piano keyboard. What is 88?
40	The average length of a menstrual cycle. What is 28 days?	Diseases that prey on weakened immune systems. What are opportunistic infections?	The most common STD. What is Chlamydia?	The item that children under the age of 2 most commonly choke on. What is a hot dog?	A professional tennis player who died of AIDS. Who is Arthur Ashe?
60	The month in which most babies are born. What is August? (fewest in April)	Two tests that are used to detect HIV antibodies. What are ELISA and Western Blot?	Most females infected with this STD do not have symptoms. What is Chlamydia?	The strongest muscle in the body. What is the tongue?	Its acronym is SUV. What is Sport Utility Vehicle?
80	The type of twins that develop from two different eggs. What are fraternal?	The year AIDS was first recognized in the United States. What is 1981?	An infestation of pubic hair that can be spread through sexual contact or poor hygiene. What is pubic lice/crabs?	The Heimlich maneuver would be used on this type of person. What is choking?	The birth name of Kareem Abdul-Jabbar. What is Lew Alcindor?
100	The time of day most common for baby births. What is 3-4 a.m. (least common is 3 p.m.)	Half of all new HIV-infections are under this age. What is 25?	The two STDs that cannot be cured. What are AIDS and herpes?	The number of ribs in a human body. What is 24?	The country that loaned the Statue of Liberty to the United States. What is France?

The Sexuality Timeline: A Method to Introduce Issues in Sexuality Education

Our society is in the midst of a national debate about the content of sexuality education classes. Should these issues even be discussed? If so, at what age? The following sexuality timeline allows students to share their ideas of dating, marriage, intercourse, and pornography in a manner that is anonymous and non-threatening.

The sexuality timeline is made up of 5" x 8" cards attached by yarn. It appears something like this.



The behavior objectives of the activity are as follows:

The students will be able to differentiate between their own values and the forces of society that try to promote a differing value.

The students will be able to analyze what societal forces are the most powerful in forming sexual attitudes, beliefs, and behaviors.

The students will be able to analyze why society tries to promote or deny certain sexual behaviors at very specific ages.

The Timeline is stretched across the floor within classroom view. Students or Pairs of students are then given a card that has a sexual behavior on it. The pair is to decide what age, if any, does *society* find this behavior acceptable and place the card face down next to the age on the Timeline. (Optional activity is to allow students to place the card where they *personally* feel the behavior is acceptable.)

Example of cards to use could be:

Kissing, French kissing, Marriage, Seeing NC-17 movies, Divorce, Sexual intercourse, Group dating, Stop having sexual intercourse, Getting pregnant, Learning about sex, Using contraception, Sexual intercourse, Having sexual surgery such as breast augmentation

As each card is turned over and the age is revealed, the subsequent discussion will focus on societal forces on sexuality, mixed messages that exist in society, and the impact of the family on this choice. This activity is both enlightening for the students as well as beneficial in creating an atmosphere of open and honest exchange of ideas.

Hisgen and Weaver – DASH Conference 2001
Revised 2004

Share a Card Transmission

Objective:

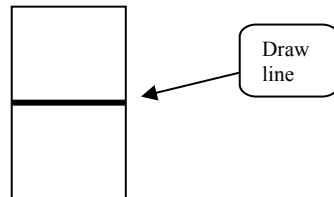
To visually experience how HIV could be transmitted among unsuspecting individuals.

Materials:

Index card for each student

Directions:

Hold the card so that the short sides are at the top and bottom. Draw a line across the card, halfway down.



Have each student write their first name, last initial on each half of the index card and tear it in half on the drawn line. The leader exchanges one of their card halves with someone, while telling them a personal characteristic about themselves. The leader does this once more with the other half. The exchanges continue now with everyone around the room. Allow the exchanges to occur for about a minute. Students must have two cards in their hand at all times.

The leader then announces they were recently tested and found to have an STD, and have shared that infection with someone they were recently “personal” with – call out the names on the cards they are holding. Those whose names are called out come to the front of the room and call out the names on the cards they are holding, until the line winds around the room with all who have been exposed to the STD.

How does this represent real life? How authentic is it? What could have stopped the transmission? (mark a card (x) as abstaining or condom use)

Sip Some Spit

Objective: Students will become aware of body fluids and how they are transmitted through sexual intercourse. (HIV transmission)

Materials: 4 glasses of water

Instructions:

1. Ask for four volunteers
2. Give each student a glass of water
3. Ask each student to take a sip of water and swallow
4. The next sip of water put in your mouth, swish it around and then spit the water back into the glass.
5. Discuss the bacteria and germs that people have in their mouths, semen, mucous, vaginal fluids, etc.
6. Now take the glasses that the students spit into and one at a time pour one glass into another, and so on so that every glass has someone else's spit in it.
7. Now ask the students how they would feel about swallowing the water in the glass now.
8. Discuss the diseases that we can pass from person to person when we exchange body fluids. (e.g. If you kiss someone with gum disease, you might get the gum disease too!)

Snowball

PURPOSE:

To pre-test, review, or post-test terms and information in a fun and non-threatening format.

TIME:

10 - 30 minutes

INTRODUCTIONS:

Learning should be fun. This is a review of what participants have learned about HIV transmission using a good, old-fashioned “snowball fight.”

PROCEDURE:

Terms and definitions should be prepared on separate sheets of paper in advance and should be randomly disseminated to participants (any number may be used as long as everyone has at least one sheet).

Instruct participants to read facts and, upon a signal, to begin throwing snowballs at others in the room. A second signal will terminate the snowball fight.

Participants then pick up the snowballs and communicate with others to find a matching term and definition. As soon as the match is found, participants step to the outside to form a circle. When all information has been matched, each participant shares his/her information with the group.

VARIATION:

After all matches are confirmed, a new snowball fight can begin.

SUMMARY:

Allow laughter and fun, but keep the focus on the information and task at hand. This activity could be adapted to several situations. In a classroom the teacher can use this as a “quick and dirty” way to assess knowledge and review facts. It can also be used as a reinforcement of what has already been learned – as an easy, fast, and fun review of HIV terms and facts that are commonly used. It can be readily adapted for special education students.

Option: Give students two different colored sheets of paper. On slips of paper are the “word/term” and its “definition” – students write the term on one (e.g. blue) of the colored pieces of paper and the definition on the other (e.g. pink) sheet. After writing the terms and definitions on the sheets a soft crumpled snowball is made out of the sheets of paper. After the snowball fight is finished, everyone collects a pink and a blue sheet of paper. Tell students to keep one of the colors, but trade the other colored snowball for a term that matches the word or definition they are keeping.

AIDS

Acquired Immune Deficiency Syndrome. A viral disease which damages the body's immune system, making the infected person susceptible to a wide range of serious diseases. May also involve neurological symptoms.

Blood transfusion

To put blood into the veins of an individual. First, blood is withdrawn from a donor. It may be stored for some period of time. Then, to treat injury or illness, a recipient is given this donated blood.

Nonoxynol-9

A spermicide which has also been shown to kill the AIDS virus in laboratory studies. Available in some sexual lubricants which can be used with condoms, nonoxynol-9 is *not* an effective AIDS prevention method used on its own. Concentrations of 5% or more are recommended.

Perinatal

Pertaining to or occurring in the period shortly before or shortly after birth.

Pathogen

Any disease-producing microorganism.

Western blot

A test used to detect HIV antibodies in blood samples. More difficult to perform, and more expensive, than the ELISA. Also believed to be more specific (can accurately identify samples without antibody) than the ELISA, so sometimes used to verify ELISA results.

Virus

An organism formed of genes surrounded by a protein coating. Technically not living, since it cannot reproduce itself. Smaller than any living organism.

Vaccine

A preparation introduced to the body to produce immunity to disease. Historically, most vaccines have been made of weakened or killed disease organisms themselves. In the future, we may see vaccines which are genetically engineered non-lethal forms of such organisms.

Transmission

Passed along. In the context of disease, passed from one individual to another.

Spermicide

Any substance used to help prevent pregnancy because of its ability to kill sperm. One spermicide, nonoxynol-9, has also been shown to kill the AIDS virus in laboratory studies.

Seropositive

In the case of AIDS, the condition of having AIDS virus antibodies found in the blood.

Secretion

A substance generated from blood or cells which may have cleansing, lubricating or other characteristics.

Safer sex

Sexual activity that protects one from infection with the AIDS virus. In safer sex, no body fluids are shared.

Risk

The chance of injury, damage or loss; dangerous chance; hazard.

PWA

Person with AIDS. Many people with AIDS prefer this term to others like “AIDS victim,” or “AIDS patient.” They would rather see themselves as active participants in their treatment and healing, not helpless victims who passively wait to die. They are whole and complete persons, and the term “patient” reduces them to little more than a case of disease.

Pneumocystis carinii pneumonia

PCP, the most common life-threatening opportunistic illness diagnosed in AIDS. Caused by a protozoan parasite, it creates difficulty in breathing and is the most common cause of death for people with AIDS.

Lubricant

In this context, a substance applied to condoms or sexual organs that makes contact between condom and skin slippery. Lubricated condoms are more comfortable, safe and exciting. Lubricants can be purchased in most places where condoms are sold. Use only *water-based* lubricants with condoms, and read labels carefully – any fats or oils will break down the latex and may cause the condom to tear.

Opportunistic infection

An infection caused by organisms that are not able to affect people with healthy immune systems.

Kaposi's sarcoma

KS, a cancer or tumor of the blood and/or lymphatic vessel walls, sometimes seen in persons with AIDS. Usually appears as pink or purple blotches on the skin.

T-cell

A specialized white blood cell which helps orchestrate the immune system's response to infection. The T-cell is invaded and disabled by the HIV.

Surveillance

In public health terms, monitoring and collecting data on incidence of disease – essentially, counting the number of cases.

STD

Sexually transmitted disease, any of a number of diseases which can be transmitted through various forms of sexual contact. AIDS is a disease which is transmitted through sexual intercourse.

Intravenous

"Within veins"; injection by needles directly into the blood veins.

Intercourse

A type of sexual contact involving one of the following: (1) insertion of a man's penis into a woman's vagina, called "vaginal intercourse"; (2) placement of the mouth on the genitals of another person, called "oral intercourse"; or (3) insertion of a man's penis into the anus of another person, called "anal intercourse."

Incubation

In a medical context, the length of time between an individual first being infected with a disease-causing organism and the development of symptoms or diagnosis. The incubation period for AIDS averages over five years.

Immune system

The body's system of defense against disease, consisting of specialized cells and proteins in the blood and other body fluids.

HIV

The accepted scientific name for the AIDS virus, in most common usage now. Stands for human immunodeficiency virus.

Hemophilia

A rare, inherited bleeding disorder of males in which normal blood clotting is not possible. Treated with Factor VIII, a product made of human blood which allows normal clotting to occur.

False positive

In an AIDS antibody test, a result that reads positive when there is actually no antibody in the blood. A type of erroneous result.

False negative

In an AIDS antibody test, a result that reads negative when there is actually antibody in the blood. A type of erroneous result.

Epidemiology

The study of the distribution and causes of diseases.

ELISA

A test used to detect HIV antibodies in blood samples. The most inexpensive and widely used test to date. Stands for enzyme-linked immunosorbent assay.

EIA

Another way to abbreviate “enzyme-linked immunosorbent assay,” hence the same thing as “ELISA.”

Disease

A particular destructive process in an organ or organism with a specific cause and characteristic symptoms; an illness.

Condoms

Also called rubbers or prophylactics. A latex sheath used to cover the penis during intercourse to prevent pregnancy and the transmission of diseases. Latex condoms are effective in preventing the transmission of the AIDS virus. “Natural skin” condoms are not as reliable for the prevention of disease.

Casual transmission

Transmission of disease through casual contact. Colds and flu are often casually transmitted. The AIDS virus is not transmitted casually.

Casual contact

Normal day-to-day contact between people at home, school, work or in the community, which does not involve sexual interaction or the sharing of needles.

Carcinoma

A malignancy, or cancer, made up of a particular kind of cells and with a tendency to metastasize, or spread. The cells of a carcinoma are epithelial cells, which cover the internal and external surfaces of the body.

Antibody

Proteins produced in the blood in response to toxins or other foreign organisms. Antibodies in some cases can neutralize toxins and help eliminate infections, though in the case of AIDS, antibodies are not effective in combating the disease.

Homosexual

Persons who are attracted toward people of the same sex.

Heterosexual

Persons who are attracted toward people of the opposite sex.

Bisexual

Persons who are attracted toward members of both sexes.

Stand Up Activity

Pass around candy bag and ask each student to take one piece but not to eat it, they will get a chance to do that later. Within the bag have the following candies: for a class of 30 students provide 10 lifesavers, 10 Hershey kisses, 9 suckers, and 1 snickers miniature candy bar. After everyone has taken a piece of candy, instruct the class to shake hands with 3 other people, and then sit down. Write on their index card the name of the three people whose hands they shook. When they have completed this portion of the activity, write the following equation on the board: (after identifying each piece of candy and the holder/s of the candy).

Lifesaver = used a condom correctly every time

Hershey Kiss = practiced abstinence

Suckers = teen pregnancy or sexually transmitted disease

Snickers = HIV positive

Ask the student who chose the Snickers to stand. Process with the class that this person is HIV positive and did not know it. After that person stands up, ask them to read the names of the three people they shook hands with. Ask the class to stand up if they shook hands with any of these people, and so on until all are standing. Tell those who chose a Hershey kiss they may sit down, as they chose abstinence and are not at risk for pregnancy or sexually transmitted diseases, including HIV. Ask those who chose a Lifesaver to raise their hand. Tell the class that these individuals also may sit down because they used a condom correctly every time and so are at a much lower risk of pregnancy or sexually transmitted diseases (stressing that there is still a risk, we all know a “condom baby.”) Ask those who chose a Sucker to raise their hands. Tell them that they have just learned that in addition to the HIV exposure, they have become pregnant, have a partner that is now pregnant, or have contracted a sexually transmitted disease. Have the class observe how many are still standing and remind them that any time you have unprotected sex with someone, you are having sex with everyone they have ever had sex with. Process with class how it feels to be one of those standing, understanding the risk they have put themselves in. Process with those individuals standing what would change for them if this scenario were true. Have them share specifically what would be different in their lives. Remind the class that they did not know what they were getting themselves into when they chose the candy, but they definitely know what they are getting themselves into when they have unprotected sex or share needles.

Materials

Index cards

Lifesavers candy

Blow pops (suckers)

Hershey Kisses

Snickers bars

Andi Boyd, Health Educator

BJC HealthCare

600 S. Taylor Ave. Ste. 124, Mailstop #90-94-205

St. Louis, MO 63110

(314) 286-0831

STD Shuffle

Purpose

To reinforce how HIV spreads through a population with an activity that has a very strong visual impact.

Time

15 minutes

Materials

Index cards numbered 1-5 on one side for receiving signatures; one card for each student. The back of at least four of the above cards should be labeled with one of the following:

+ = a person who is HIV positive

C = a person who regularly uses a condom

A = a person who regularly abstains from sexual activity

M = a person in a monogamous relationship

Introduction

During this next activity we'll be asking you to move out of your "comfort zone" by meeting people who you may not know well. During the activity you will be moving around the room and meeting five other participants to obtain their signature on one of the index cards we are about to pass out.

Procedure

1. Each participant is given one index card.
2. Participants are given five minutes to walk around the room and obtain signatures on the numbered side of their card from five different people.
3. After everyone has obtained five signatures the group is reconvened. The facilitator then explains that some of the cards were "coded."
4. The facilitator asks for the person with the **+** sign to stand and explains that this person is HIV positive. The HIV positive person is then asked to name the five people who signed their card. These people are also asked to stand and are then told that now they also are HIV positive.
5. The above participants are asked if they have a coded card and the **A**, **C**, and **M** symbols are explained. If any of the people standing have these symbols on their cards they would not have been exposed to HIV and can sit down.
6. Discussion follows as those people with A, C, and M cards show up and as people continue to read the names on their cards. Usually, by the end of the activity, everyone in the group will be standing except for those with the **A**, **C**, and **M** cards. These people are allowed to sit, as they do not have HIV.

Summary

Ask people for how they felt during the exercise.

Emphasize that the exercise provides a great visual example of how rapidly HIV can spread through a community.

Take Your Pills!!!

This activity is designed to simulate a day in the life of an HIV+ person who is taking combinations of medicines for his/her disease. In addition to the “cocktail” the person will also be taking various other medications to counteract side effects and maintain their health as prescribed by their doctor.

The most commonly used “cocktail” combinations are:

- AZT + 3TC + Indinavir
- AZT + DDC + Ritonavir
- AZT + 3TC + Saquinovir
- AZT + DDI + Nevirapine

The combination chosen for this activity is AZT, 3TC, and Indinavir.

NOTE: Oftentimes, while taking Indinavir, the patient will have to switch to Delavirdine and/or Nelfinavir to help 3TC work and prevent rejection of the body’s ability to effectively use the “cocktail”

Materials Needed: 7 different types of candy, such as M&M’s (both peanut and plain), Skittles, Hot Tamales, Mike & Ike (in various flavors). Make sure they are small and resemble pills.

Pill dispenser with at least 6 slots in which to place the “pills”.

One 2-quart water pitcher, filled with ice water.

One glass for drinking the water from the pitcher. ☺

One oven timer.

In each slot, dispense the pills necessary throughout the day as follows:

1 st Slot – 17 pills =	1- AZT, 4 - 3TC ,8- Indinavir 1 Anti-nausea pill, 4 Vitamins
2 nd Slot – 8 pills =	2- 3TC, 3- Delvirdine 3 Anti-diarrhea pills
3 rd Slot – 18 pills =	1- AZT, 2- 3TC, 8- Indinavir 3- Delavirdine, 4 Vitamins
4 th Slot – 7 pills =	1- Nelfinovir, 2 3TC, 2 Anti-nausea, 2 Anti-diarrhea
5 th Slot – 18 pills =	1- AZT, 2- 3TC, 8- Indinavir 3- Delavirdine, 4- Vitamins
6 th Slot – 11 pills =	4- 3TC, 3- Delavirdine 4 –Vitamins

This activity is set up to simulate a twenty-four hour time period, however it will take place over four hours. The pills will be taken every 40 minutes instead of every 6 hours. (If done in a classroom setting, divide the pills up for the length of the class period.) Set the oven timer for 40 minutes and each time it goes off, make sure the pill-taker

consumes all the pills and drinks lots of water. All of the water needs to be finished with the last pills. Remember, we want to prevent any kidney stones!

It works well to select a helper for the pill-taker...just to make sure all the pills are taken and water is consumed as prescribed.

At the end of the four hours have the pill-taker discuss feelings about what he/she was feeling each time the timer went off, as well as when it was over. What might it be like to do this 24/7? Ask participants to discuss their feelings. This is a great lead-in to the inconvenience of medication and what an HIV+ is up against, as well as the costs of such a regimen.

Optional drug treatments:

Pills in 24 Hours
Pill Container Prescriptions

**Take 1 Crixivan every 8 hours
(fruit rolls)**

**Take 1 AZT every 4 hours
(rice cakes)**

**Take one anti-nausea pill with meals
and 2 hours prior to breakfast
(bunnies)**

**Take 1 3TC four hours after
breakfast and dinner [on an empty stomach]
(candy eggs)**

**Take one anti-diarrheal pill with meals
and 2 hours prior to breakfast
(Butterfingers)**

**Take one tablet twice a day
for muscle loss
(raisins)**

HAART uses multiple drugs (12 or more pills per day) to treat HIV infection. These drugs need to be taken at exact times throughout the day. Missing even one dose of your meds can have serious repercussions.

Your med schedule is:

6 a.m. (48 minutes)

- one Crixivan,
- one anti-nausea,
- one anti-diarrheal

6 p.m. (24 minutes)

- one anti-nausea
- one anti-diarrheal

8 a.m. (44 minutes)

- one AZT
- one 3TC

8 p.m. (20 minutes)

- one AZT

10 p.m. (16 minutes)

- one Crixivan
- one 3TC

Noon (36 minutes)

- one AZT
- one growth hormone
- one anti-nausea
- one anti-diarrheal

12 a.m. (12 minutes)

- one AZT
- one growth hormone

2 p.m. (32 minutes)

- one Crixivan

4 a.m. (4 minutes)

- one AZT
- one anti-nausea
- one anti-diarrheal

4 p.m. (28 minutes)

- one AZT

6 a.m. – A brand new day! ☺

The Condom Lineup

Objectives:

Participants will:

- Feel comfortable discussing correct condom use.
- Discuss factors that influence effective condom usage.

Rationale:

All too often education about condom use fails to address the many factors essential for correct and consistent use. Often, admonitions are given without adequate explanation and people are left with questions that discourage compliance. The popular “Condom Lineup” and follow-up discussion address the most common questions.

Materials:

- Condoms, male and female
- Pamphlets that describe how to use a condom
- Nineteen pieces of cardboard, labeled (in proper sequence, the cards are):
 1. Decide to have sexual intercourse
 2. Talk about safer sex
 3. Buy/get condoms
 4. Check expiration date
 5. Arousal
 6. Erection
 7. Open package carefully
 8. Inspect condom
 9. Place a drop of lube on the inside tip of the condom
 10. Hold condom at tip leaving space at the end
 11. Place condom on tip of erect penis
 12. Roll down to base of the penis
 13. Smooth out air bubbles
 14. Vaginal, oral, or anal intercourse
 15. Ejaculation
 16. Before loss of erection, grasp base of penis and withdraw
 17. Remove condom and dispose of safely
 18. Savor the afterglow
 19. Repeat as necessary

Procedure:

1. Introduce “The Condom Lineup” by telling participants that they will have the opportunity to show-off what they know about condom use.
2. Shuffle condom cards so that they are not in the proper order, and distribute to participants. Each participant will have one card, unless it is a small group, in which case participants can receive more than one.
3. Explain that the cards, when placed in the correct order, show steps to use condoms effectively.

Condom Lineup - 2

4. Instruct the participants to hold the cards and line themselves up shoulder to shoulder with each other, in the correct order, from left to right. If there are more cards than participants, ask participants to tape them in the correct order on the wall.
5. After the participants have agreed on the sequence, ask the whole group whether the position of cards should be changed.
6. Once everyone is in agreement, have each participant hold his or her card up and read it aloud.
7. Use a variety of discussion questions to clarify important points. Some questions might include:
 - When should the expiration date be checked?
 - Erection and ejaculation are on the list, but what female responses are missing?
 - Why should you open the package carefully?
 - Why should space be left at the end?
 - What do you do if the condom is put on the tip of the penis inside out by mistake?
 - Why should the air bubble be smoothed out?
 - How does alcohol or other drug use affect condom use?
8. Ask what the differences are, if any, if the steps are between two men? Two women? Involve oral sex?
9. Note that some couples choose to use the female condom. Demonstrate how the female condom works. (Clear directions come with the purchase of the female condom.)
10. Conclude with a demonstration of how the latex condom works, or continue with discussion or role-play about the importance of communication for successful condom use.

Adapted from P. Brick, The New Teaching Safer Sex. Morristown, NJ: Planned Parenthood of Greater Northern New Jersey (PPGNNJ), 1998. For more information on The New Teaching Safer Sex, contact PPGNNJ at 973-539-9580, ext. 120, or send an e-mail message to Bill.Taverner@ppfa.org

The Paper Chase

Objective:

To lead participants in realizing that HIV is never “dormant.” Following infection, the virus is at war with the body, and the war takes its toll, even if the person looks healthy.

Method:

Use a simple activity to help participants visualize the extent of the battle, and the unfair advantage that HIV holds. The activity takes 5 minutes to perform, and 5 more to explain.

Activity Script:

“We need two volunteers today. One of you will play HIV, and the other will play the immune system. HIV your job is to take over T-cells, which are a type of white blood cell. Immune system, your job is to destroy any T-cells that are infected, before they can spread more virus. But your other job is to make new, uninfected T-cells to bring to the battle.”

“We’re going to use these sheets of white paper to stand for white blood cells. HIV, when I say ‘go’ you’ll take this marker, and start writing your ‘name’ onto the paper. Just write ‘HIV’ in big letters, then put that sheet aside, and mark the next one. Keep going as fast as you can.” (*This represents HIV’s reproductive process known as reverse transcriptase, in which it writes DNA from its RNA, and then integrates its DNA into the cell, forcing the cell to begin producing more HIVs.*)

“Now, immune system, you have two jobs. First, as a CD-8 killer lymphocyte, you want to destroy any infected T-cells, before they can spread more HIV. You’ll do this by tearing up one sheet of paper that has HIV written on it. In addition, you want to replace that infected T-cell with a new, HIV-free T-cell. So, you’ll run to that table (other side of the room), and bring one sheet of paper back to add to the pile.” (*Obviously, this activity takes some poetic license with the complexities of immune system functioning. But it is essentially valid, and easy to act out.*)

“Now, when I say “go” you’ll each act out in one minute what occurs in the body of an infected person in a whole day. Ready? Go!” (*Have audience cheer on either participant. Don’t let the immune system go too slowly – urge him/her to run. After a while, invite everyone to join you aloud in a 10 second countdown. As soon as the countdown is complete, stop the role-play and thank the volunteers.*). “HIV, how are you feeling? And immune system?” (*The immune system should report being a little winded*). Now let’s see what we’ve learned.”

The Lessons:

“First, how many virions – or “babies” of itself – can HIV make in a single person’s body, in a single day?” (*Pick up the stack of sheets with HIV written on them.*) “The answer is between two and 10 billion. Fortunately, the body does a great job fighting back, as you can see here.” (*Pick up the torn sheets.*) “Antibodies and killer T-cells clear away literally billions of virions each and every day. And the body produces more T-cells to try to make up for those lost in the battle.” (*Pick up unmarked white sheets.*) “But ...the body still loses a net of 122 million T-cells per day.”

“Now, look at the HIV on these two different white blood cells.” (*Hold up one of the first marked sheets, and one of the ones from later in the frantic game.*) “Notice the difference? As I said, HIV reproduces very quickly, but also sloppily. Many of the new HIVs are too messed up to survive and reproduce. But many do survive. Now, what happens if we develop a medicine targeting *this* HIV?” (*Point to sloppily scrawled HIV sheet*). If you guessed that the medicines

will miss this second target, you now understand how 'selected drug resistance' develops, meaning that HIV changes shapes, and sidesteps our treatments. That's why HIV still causes many deaths each year.

The Effect:

This activity is designed to "risk sensitize" audiences, reminding them that HIV presents a very real threat. Follow this activity with some "skill building" role play, in which participants practice saying "no" to sex, or unprotected sex. Such role-plays help ensure that healthy fears of HIV translate into healthy choices in life.

Stephen Fallon 2003

www.skills4.org

954-563-0333

“The View” From the Other Side

Connie Thorngren – Idaho Comprehensive Health Education Cadre

Purpose: This activity serves two purposes. The first is to learn to really listen to another person's point of view and the second is to understand more about peer pressure.

Materials: Valuing sheet

Procedure: Everyone fills out a Values Sheet marking agree or disagree. They must choose one or the other even if their true feelings lie more in the middle. Tell them that the papers will be gathered by the teacher but they are not to sign their names. Therefore, you hope they will be as forthright in their responses as possible. Papers are then turned upside down and are gathered up by the teacher in a random order.

Have participants stand in the front of the room or anywhere there is room for everyone to be in a line. Pass the papers back to participants in random order and still upside down. Participants then turn over the papers. Explain that for this next activity they are to act as though their beliefs are the same as what is stated on the paper they have been given. (Some may have received their own paper back. Tell them that is okay but they are not to say anything. No one should know whose paper you have.)

The leader reads the first statement and asks those who have “agree” marked on their paper to move to right side of room and those who disagree, move to the left. Each question is discussed by having paper pretend they really believe the same way as their paper. You may need to give them a few moments to discuss it as a group to come up with reasons they believe that way. Remind them they may really have to think about this point of view, especially if it differs from their own personal viewpoint. Encourage various students to speak so that everyone has the opportunity to state an opinion that they may not really believe. After one group has given a reason for this belief, have the other group respond. Continue rotating groups (and questions) until you feel the discussion has been complete enough. Do not interject your personal opinion but you can bring up pro or con statements that they may not have thought about.

Processing:

How did it feel to express a viewpoint that was not your own? Was it uncomfortable?

Did you have to pay attention to another point of view in order to express it correctly? (We usually do not really listen to other's points of view because we are busy thinking about our response. Often we cannot even state correctly what they believe.)

Is it difficult to be in the minority? Even if it is what we believe?

Were you surprised that some of the beliefs in this group were very different than your own?

Note: This activity allows the minority view to be represented even though the person with that opinion might not have expressed it in the regular classroom or in one where people line up according to what they really believe. This can be beneficial for students to see because they tend to believe everyone thinks the same way they do. It is especially

“The View” - 2

beneficial to the teacher or leader because we also sometimes forget the diversity that exists in attitudes as well as in culture, etc. in our classrooms.

The View

1. The guy should usually pay the food and entertainment on a date.

Agree _____

Disagree _____

2. It is a good idea for people to live together before marriage.

Agree _____

Disagree _____

3. Girls and women should be able to have an abortion before the first trimester without parent's permission.

Agree _____

Disagree _____

4. A pregnant teenage girl should be encouraged to marry the child's father.

Agree _____

Disagree _____

5. Single people should be allowed to adopt children.

Agree _____

Disagree _____

6. People with HIV/AIDS should be allowed to work in the school cafeteria.

Agree _____

Disagree _____

7. Homosexuals should be allowed to adopt children.

Agree _____

Disagree _____

The View - 2

1. The guy should usually pay the food and entertainment on a date.

Agree _____

Disagree _____

2. It is a good idea for people to live together before marriage.

Agree _____

Disagree _____

3. Everyone in a school should know if an HIV-infected teacher is on staff.

Agree _____

Disagree _____

4. A pregnant teenage girl should be encouraged to marry the child's father.

Agree _____

Disagree _____

5. Single people should be allowed to adopt children.

Agree _____

Disagree _____

6. Students infected with HIV should be allowed to participate in all school activities.

Agree _____

Disagree _____

7. Homosexuals should be allowed to adopt children.

Agree _____

Disagree _____

Tic-Tac-Toe

Purpose

To review terms in a “game-style” format.

Time

30 minutes

Materials

List of questions for the host/trainer, list of answers to the questions asked by the host/trainer, signs with appropriate numbers written on them to represent stars #1-9.

Introduction

Trainer will place a list of terms related to AIDS on the board or on butcher paper. This game is very similar to television’s version of Hollywood Squares. Eleven volunteers are needed in the role of contestants (2) and square participants (9). Other students in the classroom should be used as the audience to cheer for contestants.

Procedure

The trainer will read each question. A volunteer is needed to draw the tic-tac-toe sketch on the board. Each contestant will have an opportunity to pick a star/square participant to answer a question. Each question that is answered correctly will earn an “X” or an “O” for the contestant.

Summary

The activity involves giving students/teachers an easy, fast and fun review of HIV terms that are commonly used.

This exercise could be a part of a unit or lesson plan. It can be used as a reinforcement of what has already been learned. This exercise will give students a better understanding of the definitions of terms. It will also give the facilitator/trainer the opportunity to elaborate on specific items.

To Do or Not To Do

Overview

Two people will be the “couple” who are deciding whether or not to engage in sexual intercourse. The remainder of the participants will form small groups and first brainstorm, and then voice, the different messages that this couple might get from a variety of sources within their culture. After hearing the different messages sent by these influence groups, the “couple” shares with the other participants which messages were the strongest, which they remember, etc.

Goal

- To identify the variety of “voices” within our culture that influence our choices around the decisions related to sexual activity.
- To give participants a chance to see which of those influences seem to be stronger in a short-term situation.
- To examine the kinds of concerns and issues that are involved in the decisions to practice abstinence or engage in sexual intercourse.

Materials

Set of index cards with identity groups. (one identity group card for each small group, and two cards for the couple that are trying to decide whether or not to engage in intercourse)

A sheet of newsprint and a marker for each group.

Identity cards

Parents of the couple

Other family members of the two people involved

Male friends of the two people

Female friends

Religious leaders in the community

Teachers/administrators in the school community

Media influences

2 cards (you are one of the two people deciding whether or not to have intercourse)

Time

30-40 minutes including discussion, although the follow-up discussion could make this longer.

Procedures

1. Ask for two volunteers, it is up to you whether or not you tell them beforehand that they will be a “couple” deciding whether or not to engage in sexual intercourse.
2. Divide the remainder of the participants into smaller groups so that you have the same number of groups as you have identity cards.
3. Have a person from each group draw an identity card.
4. When each group has an identity, (parents, family, religious leaders, etc.), have each group:
 - a. Choose a recorder
 - b. Brainstorm all the messages they think might be sent by their group to a teenage couple about being sexually abstinent or engaging in sexual intercourse.

To Do or Not To Do - 2

c. While the identity groups are brainstorming their messages, have the two individuals in the “couple”, respond separately to the following...
“Messages I’ve heard about teens engaging in sexual intercourse”... and have them write down all messages they have heard and who they think it comes from...

5. After both the identity groups have listed all of their messages, and the two individuals in the couple have made their lists, you can complete this in one of two ways. (at this point ask the two people in the couple to give you their lists)

6a. Have each group divide their messages up so that each member is responsible for saying out loud a couple of the messages they brainstormed.

6b) Have the first group form a “gauntlet”, two lines facing each other, and then have the “couple” very slowly walk the gauntlet.

6c) As the couple walks the gauntlet, one at a time in order of their arrangement in the lines, the members of the identity group clearly call out their group’s messages. Make sure the couple walks slowly and that each member of the identity group speaks only one at a time.

6d) Encourage the members of the identity group to say these messages in as interesting or dramatic or realistic a “voice” as possible.

6e) When the couple has finished the first gauntlet, ask them which messages they remember or were most impacted by.

7. Have the second group form their own gauntlet and repeat the above process.

8. Repeat until the couple has walked through all the identity group gauntlets and shared which messages they remember.

9. After having walked through all the gauntlets ask the “couple” to then share with the rest of the class/group what messages they remember hearing, or seemed the most powerful, or had the most impact on them.

*Alternate final step:

a. Have the “couple” sit in the middle of the room.

b. Instruct the identity groups to identify themselves to the couple and the other groups.

c. Go around the room so that each group calls out one message about this decision to the couple.

d. Continue this process until all the messages have been called out.

e. The couple’s job is simply to listen to all the messages.

f. At the end of all the messages, ask the “couple” which messages they each remember, had the most impact, etc.

10. You can then have the group discuss this activity considering some of the following questions:

a. Whether they think the exercise is similar to the impact, power or importance of the actual messages received by teens from these various interest groups. If so, how? If not, why not?

b. Which are the most influential voices? Why?

c. How do these “voices” or messages affect the way youth behave?

d. If they could talk to the senders of the messages what would they want to say to them?

e. Do they think their peers respond differently to the message depending on

To Do or Not To Do – 3

- who is the sender or how it is sent? Why?
- f. How influential do they think the media is when it comes to decisions about sexual behavior? Were the messages chosen by the media group accurate? Are messages sent by the other groups accurate?

After this, without revealing who wrote each list, you can then read the two lists of messages each person in the “couple” has heard. After reading the two lists, have the participants (not the couple) point out the similarities and differences in the lists.

Also point out that not only do we bring in the messages we have each heard, but our own value systems, beliefs, and experiences. The next result is that there are a lot of factors, either conscious or unconscious, that go into our decision-making about when we are ready to engage in sexual activity. What we each hear for messages can be highly different, and what we are each ready for, interested in, or feel is right for us can also differ greatly. Hence, the need for communication before engaging in sexual behaviors is great.

David Vaughan – 74 Emery St. Portland, ME 04102
From “Staying Out of the Risky Zone” an activity based curriculum

Virus Activities

Size of a Virus

Help students to visualize the size of a virus in relation to bacteria. Use a tennis ball and golf ball to represent the range in size of different bacteria. Use a miniature marshmallow to represent the size of a virus in comparison to the bacteria.

The Virus and T-cells

Show students a large plastic egg into which you have previously placed 10 to 15 miniature marshmallows. Tell the students that the egg represents a helper T-cell. Explain that a helper T-cell is a type of white blood cell that helps the body's immune system battle infections and disease. Next show the students a separate miniature marshmallow and explain that it represents HIV. Place the "virus" marshmallow into the "T-cell" egg, being careful not to spill or reveal the other hidden marshmallows. Explain that the virus takes over the cell and causes the cell to reproduce the virus instead of carrying out the cell's usual function. After the viruses have reproduced in the cell, they escape by bursting out, which can destroy the T-cell. At this point, quickly pull the egg (T-cell) apart, which should allow the miniature marshmallows to come flying out. Explain that these new AIDS viruses are now able to find, infect, and multiply in other T-cells. Hold up the two halves of the egg and ask students the following discussion questions:

1. What happened to the T-cell when the AIDS viruses burst out? (It was destroyed.)
2. What does the T-cell do in the body? (It helps the immune system battle against disease and infection.)
3. When all the AIDS viruses escape from the T-cell, what happens to them? (They go on to invade other T-cells.)
4. What happens when many of the body's T-cells are destroyed by the AIDS virus? (There are not enough T-cells to help fight diseases and infections. As a result, a person is more likely to get sick and eventually die.)

(*Note: it is a good idea to practice this activity before doing it in front of the class to be sure that you achieve the desired effects with the marshmallows and egg.)

How HIV is not Spread

Fill two large clear plastic bottles with water. Use green food coloring to color the water in one bottle, and red food coloring to color the water in the other bottle. Explain that the bottles themselves represent the body's skin, which also serves as a boundary between the body and outside elements. Push both bottles together near each other. Point out that even though they are in close proximity, the water in the bottles doesn't mix. Nor does rubbing or bumping the bottles cause the water to mix. Attach a pencil to each bottle with tape. Exchange the pencils to demonstrate that sharing pencils does not cause the exchange of water either. Repeat this with two small toys, again pointing out that the water never comes in contact with the toys. Explain that each of these activities is an example of casual contact. Just as the colored water cannot be exchanged through casual contact, HIV-infected blood cannot be exchanged with the blood of another person through casual contact. Place a miniature marshmallow into one of the bottles to demonstrate that the marshmallow does not move from one bottle to the other during casual contact.

WHAT DO WE KNOW? GAME

Sexually Transmitted Infections	People Living With HIV/AIDS	HIV/AIDS	Postponing Sexual Activity	Condoms	TRIVIA
10	10	10	10	10	10
20		20		20	
30	20	30	20	30	20
40		40		40	
50	30	50	30	50	30
60		60		60	
70	40	70	40	70	40
80		80		80	
90	50	90	50	90	50

Trivia

10 points

Of what is Frosty's hat made? Silk

20 points

What do real reindeer like to eat? Reindeer moss

30 points

In what country do young people visit nine fountains on Christmas Eve?
Switzerland

40 points

What color aluminum tree was Charlie Brown suppose to get for the Christmas play? Pink

Sexually Transmitted Diseases

10 points

Diseases that can be spread from one person to another by sexual contact.

What are sexually transmitted diseases?

20 points

These initials are used when referring to sexually transmitted diseases.

What are STDs?

30 points

It is used to reduce the risk of pregnancy and sexually transmitted diseases when having sex.

What is a latex condom?

40 points

This often has no symptoms; you may be infected by this and not know it.

What is a sexually transmitted disease? Or, What is HIV?

50 points

A way to greatly reduce the risk of becoming infected with HIV if you have vaginal, anal or oral sex.

What is using a latex condom?

60 points

These are some sexually transmitted diseases teenagers may get.

What are herpes, gonorrhea, genital warts, and chlamydia?

70 points

A possible result of some sexually transmitted diseases if not treated early.

What is sterility or not being able to have children?

80 points

Three million people in this age group become infected with an STD each year.

Who are teenagers?

90 points

The most effective way to prevent becoming infected with a sexually transmitted disease.

What is not having sex; abstinence.

Condoms

10 points

It is often referred to as a rubber.

What is a condom?

20 points

It is a protective shield that covers the penis and is used to reduce the risk of becoming pregnant and becoming infected with HIV and other sexually transmitted diseases when people have sex.

What is a condom?

30 points

People who use latex condoms.

Who are people who are greatly reducing their risk of getting HIV and other sexually transmitted diseases?

40 points

The number of times the same condom should be used during sex.

What is one time?

50 points

The type of condom that has been shown to prevent HIV infection and other STDs.

What is a latex condom?

60 points

Something that may also be purchased when buying a latex condom to reduce the risk of breakage during sex.

What is a water-based lubricant?

70 points

A lubricant that can damage a condom.

What is an oil-based lubricant?

80 points

This is more effective than a condom in preventing HIV transmission during sex.

What is abstinence? Or, What is not having sex?

People Living with HIV/AIDS

10 points

Diseases people may have and not know it.

What are some STDs, including HIV?

20 points

People often feel this way when they may be infected with HIV.

What is afraid or worried?

30 points

Loss of job, independence, and opportunity to go to school.

What are some of the things that people living with AIDS may face?

40 points

One reason why many people with HIV don't tell others about their condition.

What is fear of negative or harmful reactions from others?

50 points

Something people can do to help people with AIDS.

What is offering help? (For example, transportation assistance, buying groceries, delivering meals.)

Postponing Sexual Activity

10 points

The only sure way to prevent getting a sexually transmitted disease like gonorrhea, syphilis, herpes, or HIV infection through sex when always practiced.

What is not having sex?

20 points

Not doing something - for example, not having sex, not using drugs, not drinking alcohol.

What is abstinence?

30 points

Two ways to be completely safe from HIV infection.

What are not having sex and not sharing needles/syringes?

40 points

Some consequences if you have sex.

What are pregnancy, HIV infection or other STDs?

50 points

A possible result for both male and female teens if they have sex.

What is getting a sexually transmitted disease?

60 points

One reason why many teenagers engage in sexual behavior even when they really are not sure that this is what they want to do.

What is pressure from others? Or, What is peer pressure?

HIV/AIDS

10 points

Letters that stand for acquired immune deficiency syndrome. It is a disease caused by a virus that attacks the immune system.

What is AIDS?

20 points

The abbreviation for the name of the virus that causes AIDS.

What is HIV?

30 points

The slang term drug users use for needles and syringes.

What is works?

40 points

An infected person who uses injection drugs and shares needles with others can spread this virus.

What is HIV? (or what is Hepatitis B?)

50 points

Hugging, coughing, sneezing, shaking hands, eating and drinking out of the same glasses and dishes, swimming in the same pool, drinking out of the same water fountain.

What are some ways HIV is not spread from one person to another?

60 points

By having sex with an HIV-infected person, by sharing infected needles with someone who is HIV-infected, from an HIV infected mother to her baby.

What are ways people become infected with HIV?

70 points

Things that can cloud your judgment, leading you to have sex when you're not ready or to forget to use a condom when having sex.

What are alcohol and other drugs?

80 points

You may want to consider getting these if you think you may have been exposed to HIV.

What are counseling and HIV antibody testing?

90 points

If a person has HIV, it can be passed to another person through these four fluids.

What are blood, semen, vaginal fluid and breast milk?

What Do You Do?

(Case Studies/Decision Making)

- A. Your uncle has picked you up after the basketball game. As soon as you get into the car you know he has been drinking. He starts to drive away and barely misses hitting another car parked by the street. What do you do?
- B. You are leaving a party with your friends. The person whose car you came in has been drinking and seems drunk but gets out the car keys and slides into the driver's seat. You have no other ride home. What do you do?
- C. You arrive at a party and are surprised to find out that everyone is drinking. You also notice people whispering and then going into the backyard in groups of three or four. Your friends are there, but you don't like what is going on. What do you do?
- D. You go to a party where you know beer will be served, but you've done that before and have been all right. This time, though, a new group of people are there who have a reputation for starting trouble. One of them gives you a hard look as you come into the house. What do you do?
- E. You've never used drugs and have promised yourself, and your parents, that you wouldn't do that. You're with your friends after school and one of them brings out some pot. You know some of them have used it before. What do you do?
- F. You're at a small party at your best friend's house with a girl you're really in love with. You feel very turned on and romantic tonight. Other couples at the party have disappeared into the bedrooms. She is coming on to you, but you're not ready to go that far. What do you do?
- G. You're at a small party at your best friend's house with a guy you're really in love with. You feel very turned on and romantic tonight. Other couples at the party have disappeared into the bedrooms. He is coming on to you, but you're not ready to go that far. What do you do?
- H. You're on a date with an older guy. He's driving the car and ends up at a dark quiet spot. He starts coming on to you. What do you do?
- I. You're on a date with a very popular girl from your school. She's driving the car and ends up at a dark quiet spot. She starts coming on to you. What do you do?
- J. You've worn your newest outfit to the party. It's cut a little low in front and the skirt is short and tight. You know you look great. A very handsome guy you don't know comes over to talk. He stands very close, and tells you how sexy you look. One of his friends comes over with a girlfriend and they invite you to leave the party and go for a ride. What do you do?
- K. Despite your parent's warnings and your own good intentions, you drank some wine coolers at a party and now you don't feel too good. Your parents will be mad, but you have your dad's car. What do you do?

What Do You Do? - 2

- L. You went to a party in another town where people have been drinking. Some loudmouth at the party starts to make rude remarks to you. Your friends, who have been drinking, want you to fight with him. What do you do?
- M. You're at a party with your girlfriend. She really looks beautiful tonight. Her dress shows off her great figure and all the guys really envy you. One of the biggest, toughest guys in school asks her to dance and hangs around her afterward. You see him make a pass at her and she looks hurt and scared. What do you do?

What's In the Bag?

Materials Needed: (If audience is large, two sets of bags may be used.)

13 brown bags	lubricant
condom	contraceptive sponge
diaphragm jelly or cream	birth control pills
surgical mask	small bleach bottle
pair of latex gloves	diaphragm
syringe (needle off)	contraceptive foam and applicator
educational pamphlet (HIV/AIDS)	dental dam

Preparation:

With large marker, number 1-13 on each bag.

Put each item in a separate bag and staple closed.

Procedure:

1. Have participants number on a piece of paper 1 through 13.
2. Explain to participants that the thirteen bags contain items that may be brought up in a discussion about HIV/AIDS, other STDs and prevention methods.
3. Distribute the bags to as many participants as possible. Ask the individuals with bags to feel the outside of the bag to determine what is inside the bag. After determining the contents, have the participants write their answers beside the corresponding numbers on their paper.
4. After approximately 15 seconds, each individual must pass their bag to someone else who will try to determine the contents. The facilitator should have the participants pass the bags every 15-20 seconds. **Do not open or tear the bags.**
5. The facilitator will say, "switch" after each 15-20 second time interval. After participants have had the opportunity to feel each bag, everyone should return to their seats.
6. Reveal the contents of each bag separately and discuss how each item is related to HIV/AIDS. Before opening each bag, ask the participants to guess what they think the bag contains.

Possible Discussion Questions:

1. Which of these items are particularly important in preventing the spread of HIV?
2. What other items could be included to help individuals understand more about HIV prevention?
3. Which items in the bags do not prevent the spread of HIV? All STDs? Why would they be brought up in a discussion about HIV/AIDS?

Bag Activity

Answer Sheet

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

What's My Word?

Objective: To become familiar with definitions and the use of terminology within an age-appropriate, sexuality education component.

Materials:

- Sticky index tabs with terminology written on them
- Glossary from sexuality unit in health book

Using the glossary of a health book, select various terms for use in this activity. Write the terms on an index tab. Have students gather in a circle and place a term on each person's forehead or chin. By asking questions which can only be answered with a "yes" or "no" each student must try to guess what term has been placed on their forehead or chin. Students mingle around the room. Be careful when placing particular terms on students. Allow the activity to go for approximately 10 minutes. If students aren't able to guess their term, provide some clues. Collect all sticky note terms.

Who Speaks Up for Safer Sex?

Pat and Terry were in love, but they hadn't had intercourse; in fact, neither had had intercourse with anyone. They had lots of fun together and were taking it slow. Then Pat went to the shore to work for the summer. They planned to write, talk on the phone, and resume their relationship in the fall.

At the shore Pat met Willie – a really hot guy. Willie was anybody's ideal and VERY experienced. Their relationship became very sexual very quickly. Willie made it very clear that sex was part of the deal, and even as Pat was saying "no," they had intercourse. Pat was swept away with excitement of being Willie's steady, and the romance dominated the summer. But when it was over, Willie made it clear that that was the end of it . . . he had other plans back at college.

Pat returned home confused, guilty, and unable to tell Terry anything about the summer romance. A week later Willie called to say he had gonorrhea and that Pat should go to the STD clinic to be checked. Pat panicked but decided to wait a week to see if symptoms appeared. When none appeared, Pat decided there was probably no gonorrhea infection.

Meanwhile, Pat and Terry had resumed their relationship, and Pat realized that her love for Terry was real. Her summer infatuation was definitely over – not an entirely pleasant memory. When she and Terry began to move toward intercourse, Pat said they'd better use condoms. Terry absolutely refused. Condoms were for people who slept around! She tried to persuade him but couldn't change his mind. The problem was that Terry knew Pat was taking the pill in order to prevent bad menstrual cramps. Pat didn't know what reason to give for using condoms without telling Terry about the summer romance.

Pat tried to talk with her mom. Pat said she knew a girl who thought she might have an STD. Her mom said "That's exactly what happens with all these kids having sex these days!" Pat said no more.

In health class they were due for some lessons on STD, but Mr. Bennett was not very comfortable talking about sex. Furthermore, he thought that all this teaching about "safer sex" really gives kids permission to go ahead and do it! Somehow, he used up the eight weeks of health teaching about the dangers of drugs and alcohol.

Finally, Pat gave in. She and Terry had intercourse without using any protection. In two weeks Terry reported an itching and burning in his penis.

Rank below your feeling about these five characters. Number 1 would be the person who behaved most honorably, ethically, appropriately. Rank the rest down to "5," the person whose behavior was the worst from your point of view.

_____Pat _____Terry _____Willie _____Mother _____Mr. Bennett

Situation Sheet **(For Teachers)**

Situation #1

You are the parent of a 17 year old. You have just read an article about the epidemic of chlamydia and gonorrhea among American youth who are 15 to 24 years of age. You are also concerned about HIV. Would you:

- A. Have a heart-to-heart talk with your child, advocating abstaining from sexual intercourse?
- B. Buy a book on safer sex and suggest your teen read it?

Situation #2

You are 17, and you are in a relationship that is moving toward intercourse. Would you:

- A. Suggest you and your partner have an HIV test before having intercourse?
- B. Abstain from any risky behaviors, enjoy "outercourse" only?
- C. Buy condoms and insist they be used?
- D. Figure that there's not much risk involved so you won't need to practice abstinence or use a barrier?

Situation #3

You are a state legislator in a state with a high incidence of AIDS as well as other STD. You are up for re-election, and there's a growing public demand for state action regarding the health care crisis. Would you determine your #1 priority to be to:

- A. Vote to require that everyone have a blood test for HIV antibody as well as other STD tests before getting a marriage license?
- B. Allocate funds for statewide free distribution of condoms along with clear instructions on how to use them?
- C. Vote for a Family Life Education mandate that would require comprehensive, age appropriate family life education at every grade level from kindergarten to college?
- D. Vote that it be a felony for anyone to have intercourse if they have any type of sexually transmitted disease?

Who Would You Choose?

Purpose

To provide high school-age students with an opportunity to explore personal feelings regarding the value of human beings, and to build listening and other communication skills.

Time

30-45 minutes

Materials

One set of character descriptions per every five students

Paper and pencils

Introduction

We often tend to see issues in black and white terms, even when this may not be the case. In the following activity we will look at how difficult it is to weigh our values when applying them to particular situations. We will also be looking at how difficult it is to weigh our values when applying them to particular situations. We will also be looking at how different people can make the same decisions but for different reasons.

During this exercise you will need to listen to the other people in your group, so using good listening and communication skills will be very important if you are to complete your task successfully.

Procedure

- 1) Divide the class into groups of five students each.
- 2) Give each group a copy of the following character descriptions:
 - a. Scientist – 70 years old, on the verge of discovering a cure for AIDS, HIV infection.
 - b. Truck driver – 38 years old, the single parent of eight children, ages 2-15.
 - c. Pregnant mother – 25 years old, already has two children and will not deliver her third without a new kidney.
 - d. Famous diplomat, 80 years old, possible the only person capable of bringing about international peace.
 - e. Runaway teenager – 16 years old, high school drop out and addicted to heroin, just about to begin a drug treatment program.
- 3) Explain to students that all of these people need a kidney transplant in order to live, but that currently only one kidney is available. As a group they must decide on the order in which they would give a kidney to these individuals, and to provide reasons for their decisions. The group must reach a consensus on the rank order.
- 4) Allow groups a specific amount of time in which to complete the above task, and then ask each to report their decisions to the whole class.

Summary

Discuss why people had difficulty making decisions during this activity. Point out that different people chose the same rankings for different reasons. Talk about how communication was facilitated or blocked as students discussed the issues with each other during the exercise.

Who Would You Choose? - 2

Variation:

Assign students to role-play the characters in front of the whole class, and then ask each student to give their own rankings and discuss the reasons for their decisions.

Why Is It Difficult to Talk About Sex?

Purpose

To facilitate comfortable classroom discussions by considering barriers to communication and ways to overcome them.

Time

45 minutes

Materials/Preparation

Butcher paper, marking pens and masking tape for each group.

Procedure

1. Explain to class that it's important for them to feel comfortable with discussion of sexuality in class. However, it is often not easy to do so. By looking at some of the common roadblocks to communication, they may be better equipped to talk about these sensitive topics. Give brief overview of the activity.
2. Divide students into groups of (5-6) and have each group select a recorder.
3. Ask each group to generate and write on butcher paper a list of reasons why it is difficult to talk about sex in class. Allow groups 5-10 minutes.
4. Reconvene class and ask recorders to review their lists. After the first recorder, ask each subsequent recorder to comment only on those reasons not previously shared.
5. Develop and write on butcher paper, "Ground rules for this Class" by asking students: "What agreements can we make in this classroom to get past these barriers to communication?" Discuss issues inherent in each ground rule. (See Comment 1 below.)

Summary

Tell students that these ground rules will help everyone feel more comfortable discussing their views and opinions. Remind students that they have as much responsibility for enforcing the ground rules as the teacher.

Sample Ground rules:

- a. No preaching, no putdowns of others' values. All points of view are worthy of being discussed.
- b. No question is "dumb." Questions only indicate a desire for knowledge, they do not tell you anything else about the person asking the question.
- c. It is all right to feel embarrassed or not know answers to all the questions.
- d. When possible, correct terminology should be used. If a student does not know the correct term, he/she uses the term he/she knows. Teacher or other students can supply correct (i.e., medical/dictionary) term.
- e. Everyone has the right to pass on activities or on answering personal questions they do not wish to answer. The teacher also may choose not to answer a question in front of the entire class.

Why Is It Difficult to Talk About Sex? - 2

- f. No talking about class members' comments outside of the classroom.
- g. Teacher will respect the confidentiality ground rule as well, except where he/she is required by law to disclose information; e.g., drug use or sexual abuse. (Some teachers also include in this ground rule that they will not be able to maintain confidentiality if what is shared is illegal or dangerous to the students.)
- h. Speak for yourself. Use "I" messages to state your opinions or feelings.
- i. If you or people you know have a complaint about the class, come directly to the teacher to discuss it.
- j. Discuss the issues raised in class with your parents and give an accurate accounting of what the class is about. Do not sensationalize.

Note: Questions about personal beliefs:

Teachers in prevention skills classes inevitably are asked questions about their personal beliefs. Teachers' opinions about how or whether to respond differ. Some feel it is important to respond while others believe their role as teacher gives their response too much weight.

Teachers can be a strong influence in changing students' perception of social norms about sexual behavior and substance use. Teachers are strongly urged to support students in the choice of abstinence from early sexual intercourse and substance use. It is in the controversial issues (i.e., homosexuality, abortion, masturbation, (HAM), contraception, etc.) that teachers would be wise to defer to parents, thus avoid discussing their personal views.

Tips for Teachers:

- a. Walk away from the customary spot in the front of the room (authority position) and state an opinion from another place in the room (participant position).
- b. Defer stating an opinion until student discussion has been completed.
- c. Do not share information about one's personal life.
- d. Emphasize opinions as being only that (i.e. Just because I believe this way does not mean that you should.") and recommend that students ask the same questions of their parents and/or clergy.